SESSION XV

PRACTICE: TEST INTERPRETATION

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Upon successfully completing this session the student will be able to:

- Analyze the results of a complete drug influence evaluation and identify the category or categories of drugs affecting the individual examined.
- Articulate the basis for the drug category identification.

In this session, you will have an opportunity to review some drug influence evaluation report forms. These "exemplars" are not based on evaluations of actual subjects, but the "findings" they display are realistic simulations of what you will observe when you evaluate suspected drug impaired drivers in the future.

Your task is to review the forms, consider all of the "evidence" they provide, and decide what category of drug(s), if any is involved in each case. Some information is purposely omitted in the narrative report. Naturally, since we have only covered three categories thus far in our training, the "exemplars" only reflect those categories. Also, to make this practice session relatively easy, no combinations of categories have been included in these "exemplars".

In subsequent practice sessions of this type, you will be exposed to "exemplars" reflecting additional drug categories and combinations of categories.

DRUG INFLUENCE EVALUATION

Evaluator: Dpty. Josh Warner Hcso	DRE No. 7359	Rolling Log No. 04-035	
Recorder/Witness: Dpty. Mark George	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case # 04-1005	
Arrestee's Name (Last, First MI): Adams, Frances A.	DOB: 01-04-65	Sex: M	Race: W
Arresting Officer (Name, ID No.): Dpty. Mark George, BCSO			
Date Examined/Time/Location: 10/06/04 10:30PM, Co. Jail	Breath Results: ☐ Refused Instrument # 1235 0.00%	Chemical Test ☐ Refused ☐ Urine ☒ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Dpty. George	What have you eaten today? Hamburger	When? Noon	What have you been drinking? How much? Water
Time of last drink? N/A			
Time now? 9:30 PM	When did you last sleep? Last Night	How long? 5 hrs.	Are you sick or injured? ☐ Yes ☒ No
Are you diabetic or epileptic? ☐ Yes ☒ No			
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No	
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Cooperative	Coordination: Poor, Stumbling, Staggering	
	Breath: Normal	Face: Normal	
Speech: Slow, Slurred, thick	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☐ Normal ☒ Droopy

Pulse and time

1. 60 / 10:35 PM
2. 56 / 10:52PM
3. 60 / 11:05PM

HGN

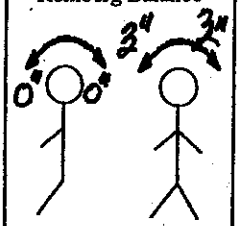
	Left Eye	Right Eye
Lack of smooth pursuit	Yes	Yes
Maximum deviation	Yes	Yes
Angle of onset	35°	35°

Vertical Nystagmus ☐ Yes ☒ No

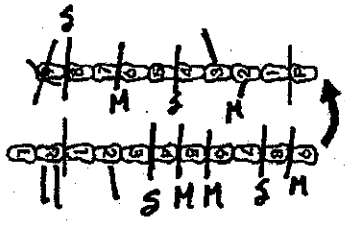
Convergence: Right eye / Left eye

One Leg Stand: 23 / 27

Romberg Balance



Walk and Turn test



Cannot keep balance	✓✓
Starts too soon:	

	1st Nine	2nd Nine
Stops walking	✓✓	✓
Misses heel to toe	✓✓✓	✓✓
Steps off line	✓	✓
Raises arms	✓✓✓	✓✓✓
Actual # steps	9	8

L	R	
✓✓	✓✓	Sways while balancing
✓✓	✓✓	Uses arms to balance
☐	☐	Hopping
✓	✓	Puts foot down

Type of footwear: Work boots

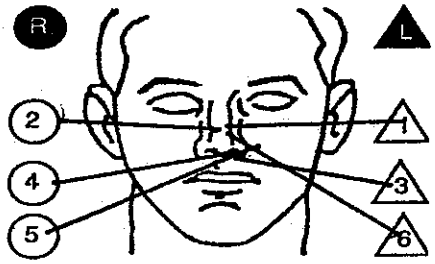
Internal clock: 35 (Est. as 30 seconds)

Describe Turn: Turned backwards

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	4.0	6.0	3.0
Right	4.0	6.0	3.0

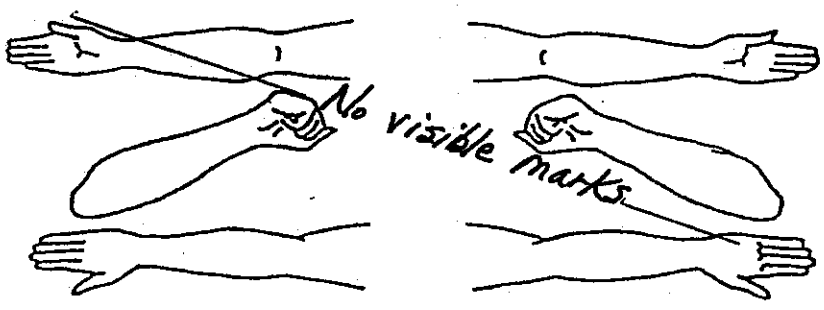
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Reaction to Light: Slow

Oral cavity: Clear

RIGHT ARM / **LEFT ARM**



Blood pressure: 104 / 64

Temperature: 97.6° f

Muscle tone: ☐ Near normal ☒ Flaccid ☐ Rigid

Comments: Very relaxed

What medication or drug have you been using? How much? "None" Refused

Time of use? Refused

Where were the drugs used? (location) Refused

Date/Time of Arrest: 10/06/04 9:50 pm

Time DRE Notified: 10:10 PM

Evaluation Start Time: 10:30 pm

Time Completed: 11:30 pm

DRE signature (Include rank): Josh Warner, Hesa Co. Sgt

ID #: 290

Reviewed: Glen Davis, State Coordinator

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Adams, Frances A.

1. **LOCATION:** The evaluation of Frances Adams took place in the interview room at the Boulder County Jail.

2. **WITNESSES:** The evaluation was witnessed and recorded by Deputy Mark George of the Boulder County S.O.

3. **BREATH ALCOHOL TEST:** Deputy George administered a breath test to Adams with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to contact Deputy George at the Boulder Co. Jail for a drug evaluation. Deputy George advised that he arrested Adams for DUI after observing him commit numerous traffic violations and performing poorly on the SFST's.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the jail. His head was tilted forward, his eyes were closed and his breathing was deep and slow. He responded slowly to questions and his speech was slow, slurred and thick.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** The suspect had difficultly performing the psychophysical tests. Romberg Balance: Suspect had an approximate 3" side to side sway and estimated 30 seconds in 55 seconds. Walk & Turn: Suspect lost his balance during the instructions, missed heel to toe, stopped while walking, turned improperly, stepped off the line and used his arms for balance. One Leg Stand: Suspect lost his balance, used his arms for balance and put his foot down. Finger to Nose: Suspect missed the tip of his nose on five of the six attempts.

8. **CLINICAL INDICATORS:** Suspect had six clues of HGN and a Lack of Convergence. His pulse and blood pressure were below the normal ranges.

9. **SIGNS OF INGESTION:** None evident.

10. **SUSPECT'S STATEMENTS:** Suspect stated he was very sleepy and denied using drugs.

11. **DRE'S OPINION:** In my opinion Adams is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:**

DRUG INFLUENCE EVALUATION

Evaluator: Tpr. Jim Klock	DRE No. 10716	Rolling Log No. 4-036	
Recorder/Witness: Sgt. Doug Paquette	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 04-232

Arrestee's Name (Last, First, MI): Baker, Sam B.	DOB: 10/15/72	Sex: M	Race: B	Arresting Officer (Name, ID No.): Tpr. Jim Guerriere, NYSP

Date Examined/Time/Location: 07/19/04, 2230, Cooperstown PD	Breath Results: ☐ Refused Instrument # 320 / 0.00 %	Chemical Test ☐ Refused ☒ Urine ☐ Blood

Miranda Warning Given: ☒ Yes ☐ No By: Tpr. Guerriere	What have you eaten today? When? Milkshake, 3 hrs ago	What have you been drinking? How much? "No, nothing"	Time of last drink? N/A

Time now? About 8:30pm	When did you last sleep? How long? This morning, 2 hrs.	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No

Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Cooperative	Coordination: Poor, stumbling
	Breath: Rancid	Face: Normal, sweaty

Speech: Rapid slurred at times	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time

1. 108 / 2235
2. 112 / 2246
3. 100 / 2253

HGN

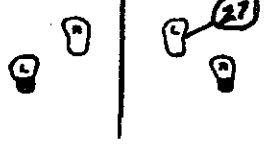
	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

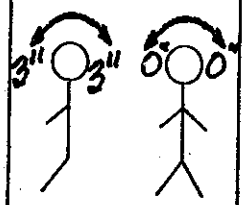
Convergence: Right eye ← → Left eye

One Leg Stand

Counted to 1040 in 30 seconds

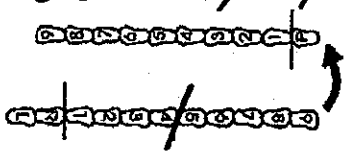


Romberg Balance



Walk and Turn test

Walked Rapidly



Cannot keep balance	—
Starts too soon:	—

	1st Nine	2nd Nine
Stops walking	✓	
Misses heel to toe		
Steps off line		
Raises arms	✓✓✓	✓✓✓
Actual # steps	9	9

L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☐	☑	Puts foot down

Type of footwear: Athletic Shoes

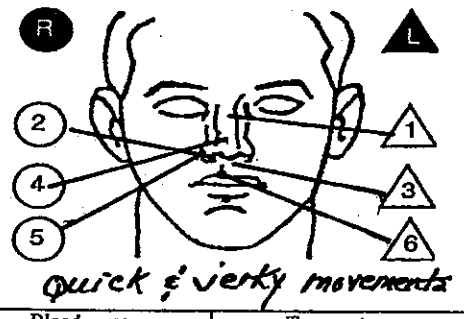
Internal clock: 15 — Est. as 30 seconds

Describe Turn: As instructed

Cannot do test (explain): N/A

Nasal area: Redness, Running nose

Draw lines to spots touched



quick & jerky movements

Pupil Size	Room Light	Darkness	Direct
Left	6.5	8.0	6.0
Right	6.5	8.0	6.0

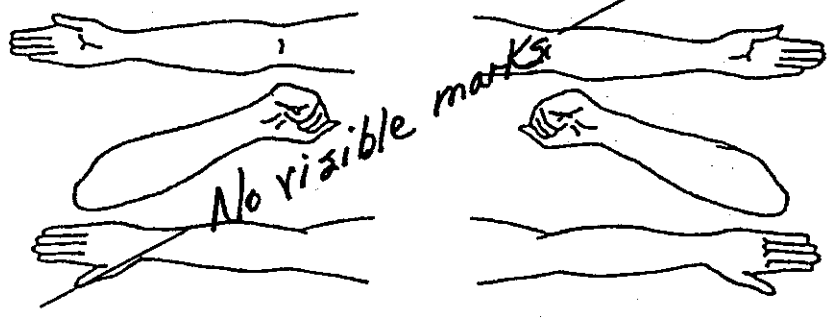
Oral cavity: Clear

Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Reaction to Light: Slow

RIGHT ARM **LEFT ARM**



Blood pressure: 142 / 102

Temperature: 99.7 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? None — No answer

Time of use? N/A

Where were the drugs used? (location) No answer

Date/Time of Arrest: 07/19/04 2130	Time DRE Notified: 2200	Evaluation Start Time: 2230	Time Completed: 2310
DRE signature (Include rank): Tpr Klock	ID #: 1509	Reviewed by: [signature]	7/22/04

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Baker, Sam B.

1. **LOCATION:** The evaluation of Sam Baker was conducted in the breath testing room at the Cooperstown Police Department.

2. **WITNESSES:** The evaluation was witnessed and recorded by Sgt. Doug Paquette of the New York State Police.

3. **BREATH ALCOHOL TEST:** The arresting officer, Trooper Jim Guerriere of the N.Y.S.P. administered a breath test to Baker with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to meet Trooper Guerriere at the Cooperstown Police Department for a drug evaluation. Upon contacting Trooper Guerriere it was determined he had arrested Baker for DUI after his vehicle crossed the center line and nearly struck Trooper Guerriere's patrol vehicle.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect standing in the breath testing room with Trooper Guerriere. The suspect was repeatedly shifting his weight from foot to foot. He was scratching his head and was perspiring heavily. He appeared nervous, anxious and was very restless. His speech was fast and slurred at times.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** The suspect had difficultly performing the psychophysical tests. Romberg Balance: Suspect had an approximate 3" front to back sway and estimated 30 seconds in 15 seconds. Walk & Turn: Suspect performed the test very quickly, used his arms for balance and stopped while walking. One Leg Stand: Suspect swayed while balancing, used his arms for balance and put his foot down once. He also counted fast counting to 1000-40 in 30 seconds. Finger to Nose: Suspect missed the tip of his nose on all six attempts using quick jerky movements.

8. **CLINICAL INDICATORS:** The suspect's pulse, blood pressure and temperature were above the normal ranges. His pupils were dilated in room light and in direct light.

9. **SIGNS OF INGESTION:** The suspect had a reddened nasal area and his nose was runny.

10. **SUSPECT'S STATEMENTS:** Suspect denied using any drugs.

11. **DRE'S OPINION:** In my opinion Baker is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Steve Johnson	DRE No.: 2876	Rolling Log No.: 04-021	
Recorder/Witness: Trp. H. Jackson, WSP	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 04-10127

Arrestee's Name (Last, First MI): Charles, Mary C.	DOB: 06/13/72	Sex: F	Race: W	Arresting Officer (Name, ID No.): Trp. H. Jackson, WSP	
Date Examined/Time/Location: 03/17/04 0045 Olympia Office	Breath Results: ☐ Refused Intox Instrument # 212005 0.07%			Chemical Test: ☐ Refused ☐ Urine ☒ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: H. Jackson 0046	What have you eaten today? When? Pizza, Last Night	What have you been drinking? How much? "Couple of Beers"		Time of last drink? 9 PM	
Time now? 11:30 P.M.	When did you last sleep? Last Night	How long? 7 Hrs.	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No		Are you under the care of a doctor or dentist? ☐ Yes ☒ No		

Are you taking any medication or drugs? ☒ Yes ☐ No: "Birth Control Pills"	Attitude: Cooperative	Coordination: Poor, Staggering	
	Breath: Moderate odor of Alcoholic Beverage	Face: Flushed	
Speech: Slurred	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☒ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☐ Normal ☒ Droopy

Pulse and time

1. 68 / 0050
2. 64 / 0105
3. 72 / 0117

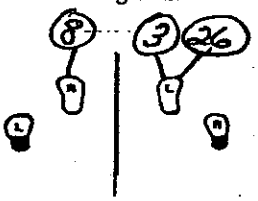
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	YES	YES
Maximum deviation	YES	YES
Angle of onset	40°	40°

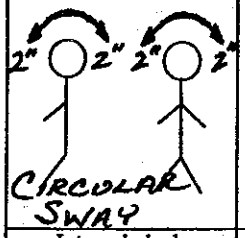
Vertical Nystagmus ☐ Yes ☒ No

Convergence: Right eye / Left eye

One Leg Stand

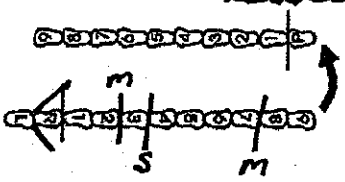


Romberg Balance



Walk and Turn test

APPEARED "RUBBER LEGGED"



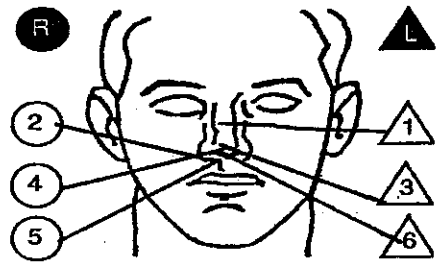
	1st Nine	2nd Nine
Cannot keep balance	✓✓	
Starts too soon:		
Stops walking	✓	
Misses heel to toe	✓✓	
Steps off line	✓	
Raises arms	CONSTANT →	
Actual # steps	9	9

	L	R
Always while balancing	✓	✓
Uses arms to balance	✓	✓
Hopping	☐	☐
Puts foot down	✓	✓

Type of footwear: Tennis Shoes

Internal clock: 40 Est. as 30 seconds	Describe Turn: Lost Balance / Staggered	Cannot do test (explain): N/A	Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	4.5	6.5	3.5
Right	4.5	6.5	3.5

Oral cavity: Clear

Hippus ☐ Yes ☒ No

Rebound dilation ☐ Yes ☒ No

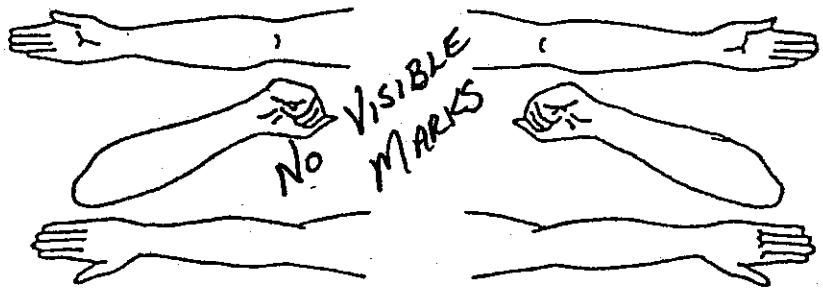
Reaction to Light: Slow

Blood pressure: 110 / 76	Temperature: 98.0 °f

Muscle tone: ☐ Near normal ☒ Flaccid ☐ Rigid

Comments:

RIGHT ARM **LEFT ARM**



What medication or drug have you been using? How much? "None, Just My Pill" No Answer	Time of use? N/A	Where were the drugs used? (location) No Answer	
Date/Time of Arrest: 03/17/04 0010	Time DRE Notified: 0025	Evaluation Start Time: 0045	Time Completed: 0125
DRE Signature (Include rank): Sgt. Steve Johnson	ID #: 3380	Reviewed by: Carlos Rodriguez, Sgt.	

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Charles, Mary C.

1. **LOCATION:** The evaluation of Mary Charles was conducted in the interview room at the Washington State Patrol Office in Olympia.

2. **WITNESSES:** The evaluation was recorded and witnessed by the arresting officer, Trooper Harlan Jackson of the Washington State Patrol.

3. **BREATH ALCOHOL TEST:** Trooper Jackson administered a breath test to Charles with a 0.07% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Trooper Jackson contacted the writer at the Olympia Patrol Office requesting a drug evaluation on suspect Charles. Trooper Jackson advised the suspect had been reported by several motorists as a possible impaired driver. He located the suspect traveling SB on I-5 near MP 108. The suspect was unable to maintain a single lane of travel and had traffic backed up behind her. When contacted, the suspect had slow, sluggish reactions and slurred speech. She performed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room with Trooper Jackson. She was swaying as she stood and was very unstable on her feet. She repeatedly blinked her eyes and her speech was slow, thick and slurred.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had an approximate 2" circular sway and estimated 30 seconds in 40 seconds. Walk & Turn: Suspect lost her balance during the instructions, missed heel to toe, stepped off the line and used her arms for balance. One Leg Stand: Suspect swayed while balancing, used her arms for balance and put her foot down three times. Finger to Nose: Suspect missed the tip of her nose on three of the six attempts.

8. **CLINICAL INDICATORS:** The suspect exhibited six clues of HGN and a Lack of Convergence.

9. **SIGNS OF INGESTION:** The suspect had an odor of an alcoholic beverage on her breath.

10. **SUSPECT'S STATEMENTS:** Suspect admitted drinking a "couple of beers" earlier in the evening. She denied using any drugs other than her birth control pills.

11. **DRE'S OPINION:** In my opinion Charles is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

DRUG INFLUENCE EVALUATION

Evaluator: Dave Anderson, NLETC	DRE No. 1957	Rolling Log No. 04-102	
Recorder/Witness: Darrell Fisher, NSP	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 04-3313
Arrestee's Name (Last, First MI): Dodge, Fred D.	DOB: 10/13/75	Sex: M	Race: W
Arresting Officer (Name, ID No.): Sgt. Dale Hilderbrand, G.I.P.D.			
Date Examined/Time/Location: 02/22/04, 10:15 PM, G.I.P.D.	Breath Results: ☐ Refused Instrument # 7312 0.00 %		Chemical Test ☐ Refused ☐ Urine ☒ Blood
Miranda Warning Given: ☒ Yes ☐ No By:	What have you eaten today? 2 Tacos	When? 2 hrs ago	What have you been drinking? How much? Nothing N/A
Time of last drink? N/A	Time now? 11:00 PM	When did you last sleep? How long? Yesterday, 4-5 hrs.	Are you sick or injured? ☐ Yes ☒ No
Are you diabetic or epileptic? ☐ Yes ☒ No	Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Carefree, Cooperative	Coordination: Poor, Jittery, stumbling	
	Breath: Normal	Face: Normal	
Speech: Rapid	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time
1. 100 / 10:15 PM
2. 104 / 10:30 PM
3. 100 / 10:42 PM

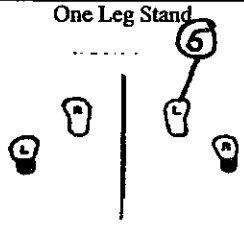
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

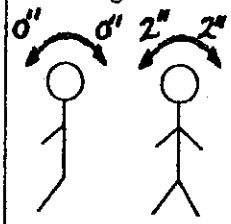
Vertical Nystagmus ☐ Yes ☒ No

Convergence — Right eye / Left eye

One Leg Stand

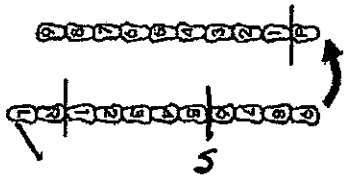


Romberg Balance



Walk and Turn test

Walked rapidly



Cannot keep balance ✓
Starts too soon: ✓✓

	1st Nine	2nd Nine
Stops walking	✓	
Misses heel to toe		
Steps off line		
Raises arms	✓✓	✓✓
Actual # steps	9	9

L	R	
✓	✓	Sways while balancing
		Uses arms to balance
		Hopping
	✓	Puts foot down

Type of footwear: Street shoes

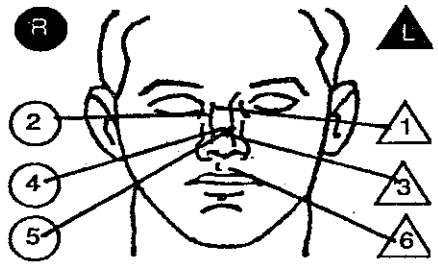
Internal clock: 15 Est. as 30 seconds

Describe Turn: As instructed

Cannot do test (explain): N/A

Nasal area: Redness

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	6.6	8.5	6.0
Right	6.5	8.6	6.0

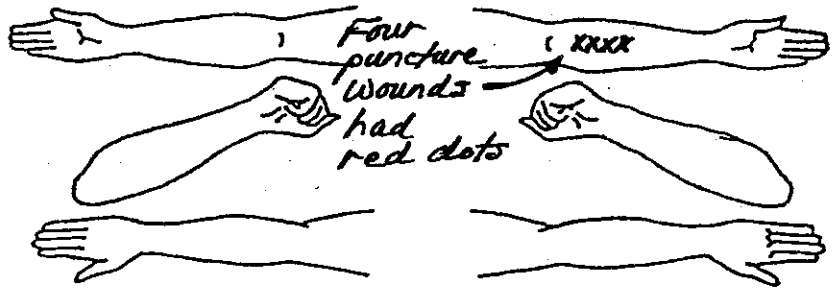
Hippus ☐ Yes ☒ No

Rebound dilation ☐ Yes ☒ No

Oral cavity: Clear

Reaction to Light: Slow

RIGHT ARM **LEFT ARM**



Blood pressure: 140/96

Temperature: 99.5 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? None N/A

Time of use? No answer

Where were the drugs used? (location) No answer

Date/Time of Arrest: 2/22/04, 9:25 pm

Time DRE Notified: 10:00 pm

Evaluation Start Time: 10:15 pm

Time Completed: 11:20 pm

DRE signature (include rank): Dave Anderson

ID # 303

Reviewed by: [signature]

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Dodge, Fred D.

1. **LOCATION:** The evaluation of Fred Dodge was conducted in the interview room at the Grand Island Police Department.

2. **WITNESSES:** The evaluation was recorded by the arresting officer, Sgt. Dale Hilderbrand of the Grand Island Police Department and witnessed by Captain Darrell Fisher of the Nebraska State Patrol.

3. **BREATH ALCOHOL TEST:** Sgt. Hilderbrand administered a breath test to Dodge with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Sgt. Hilderbrand contacted the writer and requested a drug evaluation on suspect Dodge. Writer contacted Sgt. Hilderbrand at the G.I. P.D. where it was determined that the suspect had been involved in an attempted elude and was apprehended at E. Bismark Road and S. Oak. The suspect was very restless and had exaggerated reflexes. He was very talkative and his speech was rapid. He performed poorly on SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room. He was smiling and joking with Sgt. Hilderbrand. His speech was rapid and loud. He seemed boisterous and unconcerned about being under arrest.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had an approximate 2" side to side sway and estimated 30 seconds in 15 seconds. Walk & Turn: Suspect twice started the test too soon, stopped walking on his fifth step, raised his arms for balance and performed the test quickly. One Leg Stand: Suspect swayed while balancing and put his foot down once. Finger to Nose: Suspect missed the tip of his nose on all six attempts.

8. **CLINICAL INDICATORS:** The suspect's pulse and blood pressure were above the normal ranges. His pupils were dilated in all three lighting levels.

9. **SIGNS OF INGESTION:** The suspect had four fresh puncture marks on the inside of his left forearm.

10. **SUSPECT'S STATEMENTS:** Suspect denied any drug use.

11. **DRE'S OPINION:** In my opinion Dodge is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Hans Lehman, L.P.D.	DRE No. 8837	Rolling Log No. 04-018	
Recorder/Witness: Lt. Teri Diquino, P.C.S.O	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case # 04-001701	
Arrestee's Name (Last, First MI): Edwards, Joan E.	DOB: 01/16/84	Sex: F	Race: W
Arresting Officer (Name, ID No.): R. Floyd, L.P.D. #290			
Date Examined/Time/Location: 10/04/04, 2300 hrs, Lakeland P.D.	Breath Results: ☐ Refused Instrument #: 41478, 0.00%	Chemical Test ☐ Refused ☐ Urine ☒ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Ofc. Floyd	What have you eaten today? Nothing	When? N/A	What have you been drinking? How much? Nothing N/A
Time of last drink? N/A			
Time now? Don't Know"	When did you last sleep? How long? I don't remember"	Are you sick or injured? ☒ Yes ☐ No Sick to my stomach"	Are you diabetic or epileptic? ☐ Yes ☒ No
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No	
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Dazed, but cooperative	Coordination: Poor, unsteady	
	Breath: Normal	Face: Sweaty, dazed appearance	
Speech: Rambling, slurred	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time

1. 100 / 2310
2. 108 / 2325
3. 104 / 2337

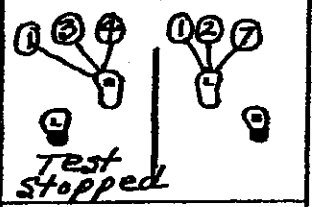
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

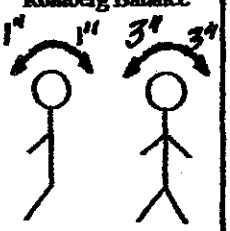
Vertical Nystagmus: ☐ Yes ☒ No

Convergence: Right eye ✓ Left eye ✓

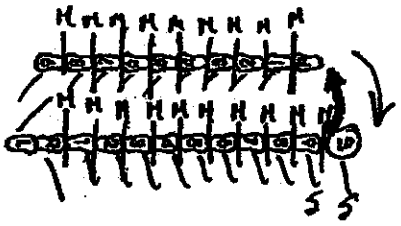
One Leg Stand



Romberg Balance



Walk and Turn test



	1st Nine	2nd Nine
Cannot keep balance	✓✓	
Starts too soon:		
Stops walking	✓✓✓	✓✓
Misses heel to toe	✓✓✓✓✓✓✓✓✓	✓✓✓✓✓✓✓✓✓
Steps off line	All steps	
Raises arms	✓✓✓	✓✓✓
Actual # steps	10	9

	L	R
Sways while balancing	☐	☐
Uses arms to balance	✓	✓
Hopping	☐	☐
Puts foot down	✓	✓

Type of footwear: Flip-Flops

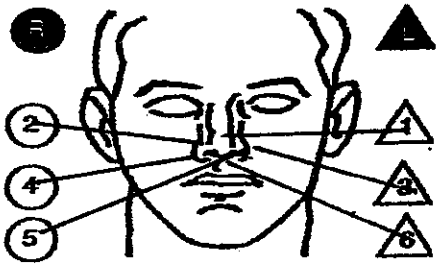
Internal clock: 90 (Est. as 30 seconds)

Describe Turn: Turned wrong direction

Cannot do test (explain): Kept stopping

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	6.5	8.5	6.5
Right	6.5	8.5	6.6

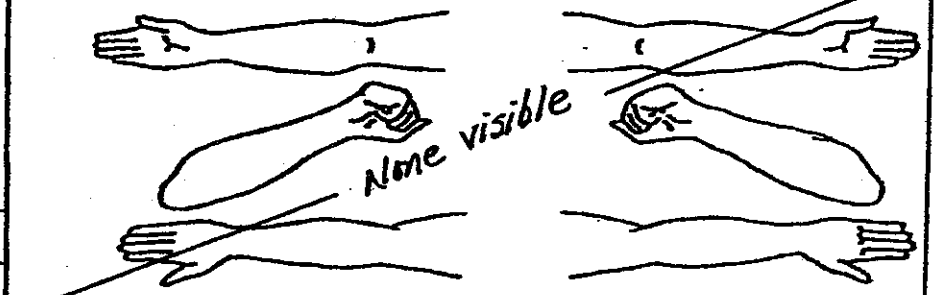
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Oral cavity: Clear

Reaction to Light: Normal

RIGHT ARM **LEFT ARM**



Blood pressure: 150 / 110

Temperature: 100.0 °f

Muscle tone: ☐ Near normal ☐ Flaccid ☒ Rigid

Comments: Very rigid arms

What medications or drug have you been using? "Nothing" How much? No answer

Time of use? No answer

Where were the drugs used? (location) No answer

Date/Time of Arrest: 10/4/04 2235 hrs.

Time DRE Notified: 2245

Evaluation Start Time: 2300

Time Completed: 2355

DRE signature (include rank): Hans Lehman

ID #: 8837

Reviewed by: Teri Diquino 10/19/04

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Edwards, Joan E.

1. **LOCATION:** The evaluation of Joan Edwards was conducted in the interview room at the Lakeland Police Department.

2. **WITNESSES:** The evaluation was recorded by DRE Regional Coordinator, Lt. Teri Dioquino of the Pinellas County Sheriff's Office.

3. **BREATH ALCOHOL TEST:** The arresting officer, Officer Ray Floyd of the Lakeland Police Department administered a breath test to Edwards with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by dispatch and advised to contact Officer Floyd at L.P.D. for a drug evaluation. After contacting Officer Floyd it was determined he had found the suspect standing on the hood of her vehicle in the intersection of S. Florida Ave and Alamo Drive. She was waving her arms and screaming at cars as they passed by. It was determined that she had driven her vehicle to the location, which led to her arrest.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room. She appeared dazed, disoriented and had difficultly standing.

6. **MEDICAL PROBLEMS AND TREATMENT:** Suspect stated she felt sick to her stomach and felt like "throwing-up."

7. **PSYCHOPHYSICAL TESTS:** The suspect performed very poorly on the psychophysical tests. Romberg Balance: Suspect had an approximate 3" front to back sway and estimated 30 seconds in 90 seconds. Walk & Turn: Suspect missed heel to toe on each step, stopped walking twice and made an improper turn. One Leg Stand: The test had to be stopped for safety reasons. Finger to Nose: Suspect missed the tip of her nose on all six attempts.

8. **CLINICAL INDICATORS:** The suspect's pulse, blood pressure and temperature were above the normal ranges. Her pupils were dilated in all three lighting levels.

9. **SIGNS OF INGESTION:** None were evident.

10. **SUSPECT'S STATEMENTS:** Suspect denied any medicine or drug use.

11. **DRE'S OPINION:** In my opinion Edwards is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** After completing the evaluation the suspect was transported to the local psychiatric ward for continued monitoring.

SESSION XVI

DISSOCIATIVE ANESTHETICS

SESSION XVI DISSOCIATIVE ANESTHETICS

Upon successfully completing this session the student will be able to:

- Explain a brief history of Dissociative Anesthetics and specifically PCP and it's analogs.
- Identify common drug names and terms associated with this drug category.
- Identify common methods of administration for this drug category.
- Explain the symptoms, observable signs and other effects associated with this drug category.
- Describe the typical time parameters, i.e. onset and duration of effects, associated with this drug category.
- List the clues that are likely to emerge when the drug influence evaluation is conducted for a person under the influence of this drug category.
- Correctly answer the "topics for study" questions at the end of this session.

A. Overview of the Category

Dissociative Anesthetics include drugs that inhibit pain by cutting off or dissociating the brain's perception of pain. The drugs within this category normally will induce a state of sedation, immobility, amnesia, and marked analgesia.

The term Dissociative Anesthesia is derived from the strong feeling of dissociation from the environment that is experienced by the user.

Phencyclidine (PCP) was the first drug used for this purpose, but the frequent occurrence of unpleasant hallucinations and psychological problems soon led to it's discontinued legal use. Ketamine and Ketalar, two analogs of PCP, also are considered Dissociative Anesthetics.

Phencyclidine (PCP)

The formal chemical name for this drug is Phenyl Cyclohexyl Piperidine, from which the initials PCP are derived. "Phencyclidine" is simply a contracted form of the actual chemical name.

PCP, or Phencyclidine and it's analogs are sometimes referred to as "psychedelic anesthetics" because of the bizarre and varying effects they can cause in the user. In some respects, PCP and it's analogs can be similar to a CNS Depressant, and in some respects, they act like a CNS Stimulant. In other respects, they act like an hallucinogen, and they are frequently classed as an Hallucinogen in medical texts and scientific/research reports.

The drug PCP was first developed in the 1950's as an intravenous anesthetic. It was patented and marketed in 1963 under the trade name Sernyl. Within a few years, as evidence of PCP's very undesirable side effects accumulated, its use as an anesthetic for humans was discontinued in 1967. In 1968 it was re-patented as a veterinary anesthetic under the trade name Sernylan.

There are numerous slightly different drugs that are similar to PCP. These drugs are the analogs of PCP. In this case, an analog is a chemical that is similar to the drug in terms of molecular structure or psychoactive effects.

PCP is relatively easy to manufacture, using readily available chemicals. The formula for producing PCP has been widely publicized. However, although easy to make, it is also dangerous to make. A lack of caution in the production process could release the same deadly gas that is used for executions in gas chambers. Also, liquid PCP is especially dangerous because it can be absorbed through the skin.

PCP has numerous "street names". The chart below lists some of the more common "street names" for PCP.

SOME COMMON STREET NAMES FOR PCP

WATER			
ACE	CRYSTAL	MONKEY DUST	ELEPHANT TRANQUILIZER
AMOEBA	KRYSTAL	GREEN	HORSE TRANQUILIZER
TRANK	CRYSTAL JOINT	GREEN LEAVES	ANIMAL TRANQUILIZER
JET FUEL	KJ (or CJ)	KOOLS	SUPER WEED
JUICE	EMBALMING FLUID	SUPER KOOLS	ZOMBIE WEED

Methods of Ingestion

Many users ingest PCP by smoking. These drugs can be applied in either liquid or powder form to a variety of vegetable or leafy substances, such as mint leaves, parsley, oregano, tobacco or marijuana. The substances then can be smoked in a pipe or cigarette. PCP smoke is very hot and can irritate the mouth and tongue, so many smokers prefer to use mint leaves and similar material to cool the smoke. For the same reason, PCP smokers who adulterate commercial cigarettes prefer to use mentholated brands, such as "Kools" and "Shermans".

The powdered forms of PCP can also be snorted or taken orally. Liquid PCP and its analogs can be injected, or administered directly to the eyes, via an eyedropper. These drugs can also be ingested transdermally, i.e. through the skin.

Ketamine

A frequently abused analog of PCP is Ketamine. It is chemically related to PCP, and is used to produce rapid general anesthesia for medical procedures of short duration, or as an initial surgical anesthetic. It is available in liquid form for human use (Ketalar), and for veterinary use (Ketaved, Ketaset, Vetamine, and Vetalar). Liquid Ketamine may vary in color from clear to yellow. Ketamine in powdered form is normally a white, crystalline powder. It is commercially available as a veterinary anesthetic. It is a Schedule III controlled substance in the U.S.

Street names for Ketamine include "Vitamin K," "Special K,""Kitty," "Super K," "Kit Kat," Jet,""K," "Lady K," "Super acid," and "Cat Valium."

Methods of Ingestion

Many users ingest Ketamine by smoking. This drug can also be applied in either liquid or powder form to a variety of vegetable or leafy substances, similar to PCP.

The Ketamine then can be smoked in a pipe or cigarette. Ketamine smoke is also very hot and can irritate the mouth and tongue, so many smokers will try and cool the smoke.

The powdered form of Ketamine can also be snorted or taken orally. Liquid Ketamine can be injected, or administered directly to the eyes, via an eyedropper. Like PCP and other analogs, this drugs can be ingested transdermally.

Dextromethorphan (DXM)

Dextromethorphan, or DXM, is a synthetically produced substance that is chemically related to codeine, although it is not an opiate. DXM is an ingredient found in numerous over-the-counter cough and cold remedies. When ingested at recommended dosage levels, DXM generally is a safe and highly effective cough suppressant; however, when ingested in larger amounts, DXM produces negative physiological effects. Over-the-counter products that contain DXM often contain other ingredients such as acetaminophen, chlorpheniramine, and guaifenesin.

In some respects, DXM's effects can be similar to a CNS Depressant, CNS Stimulant, and Hallucinogens. It has been classified as a CNS Depressant in some medical texts and scientific/research reports.

Dextromethorphan is commonly known as "DXM," "Triple C (CCC)," "Robo," "Robo-tripping,""Skittles," "Robo-dosing," "Robo-fire," "Rojo," "Candy," "Velvet,"and "DM."

Methods of Ingestion

Most DXM abusers ingest the drug orally, although some snort the pure powdered form of the drug. Some abusers ingest 250 to 1,500 milligrams in a single dosage, far more than the recommended therapeutic doses of 10 to 20 milligrams every four hours or 30 milligrams every 6 to 8 hours

B. Possible Effects of Dissociative Anesthetics

Dissociative Anesthetics produce impairment and other observable effects on the human mind and body that are a combination of effects produced by CNS Depressants, CNS Stimulants and Hallucinogens.

PCP is classified as a Dissociative Anesthetic because it cuts off the brain's perceptions of the senses. PCP users often feel that their heads are physically separated from their bodies. They sometimes report feeling they are dead, and that their heads are floating away.

Among these drugs least desirable side effects are:

- delirium
- agitation, anxiety
- rigid muscle tone
- elevated blood pressure
- convulsions
- difficulty in speech
- hallucinations
- violent reactions

Some evidence of long term memory disorders and psychological disturbances resembling schizophrenia has also been linked to PCP.

The following are extreme, but not unique, examples:

- o One young man methodically pulled out his own teeth, with a pair of pliers.

- o A second suffered hallucinations of unbelievably grotesque monsters, and gouged out his own eyes to avoid seeing the monsters.

- o Another drank rat poison, hoping to kill the rats that he imagined were infesting his body.

- o A 26 year old nude woman in Washington, DC repeatedly plunged a butcher knife into her own eye, chest, groin and abdomen. She then threatened a police officer with the knife and was shot to death. (Washington Post, March 7, 1988)

<u>Dextromethorphan (DXM)</u>

Abusers of Dextromethorphan will also ingest various amounts of DXM depending on their body weight and the effect or plateau that they are attempting to achieve. The levels of DXM plateaus include:

- First Plateau: Mild inebriation.

- Second Plateau: An effect similar to alcohol intoxication and, occasionally, mild hallucinations. The abuser's speech can become slurred, and short-term memory may be temporarily impaired.

- Third Plateau: An altered state of consciousness. The abuser's senses, particularly vision, can become impaired.

- Fourth Plateau: Mind and body dissociation or an "out-of-body" experience. The

abuser can lose some or all contact with his or her senses. The effects at this plateau are comparable to PCP and it's analogs.

Other effects resulting from acute dosages of DXM (between 250 and 1,500 milligrams) include blurred vision, body itching, rash, sweating, fever, hypertension, shallow respiration, diarrhea, toxic psychosis, and an increased heart rate, blood pressure and body temperature.

C. Onset and Duration of Effects

PCP

When smoked or injected, PCP's effects generally are felt within 1-5 minutes. When snorted, the onset occurs in about 2-3 minutes. The effects reach their peak in about 15-30 minutes. If taken orally, PCP's effects are generally felt in 30-60 minutes. The effects generally last 4-6 hours, but they can last somewhat longer.

Ketamine

The onset of effects of Ketamine is within seconds if smoked, 1-5 minutes if injected, 5-10 minutes if snorted and 15-20 minutes if orally administered. Effects generally last 30-45 minutes if injected, 45-60 minutes if snorted, and 1-2 hours following oral ingestion. It is often re-administered due to its relatively short duration of action.

Dextromethorphan (DXM)

Dextromethorphan is rapidly absorbed from the gastrointestinal tract and peak plasma concentrations are reached in approximately 2.5 hours. It is widely distributed, and is rapidly and extensively metabolized by the liver. Dextromethorphan is demethylated to dextrophan, an active metabolite, and to 3-methoxymorphinan and 3-hydroxymorphinan. It exerts its antitussive effects within 15-30 minutes of oral administration. The duration of action is approximately 3-6 hours with conventional dosage forms.

D. Signs and Symptoms of Dissociative Anesthetic Overdose

In addition to the bizarre, violent, and self-destructive behavior discussed previously, persons severely intoxicated by PCP or DXM may exhibit definite and extreme symptoms signifying a medically dangerous condition. Some examples are:

- A deep coma, lasting for up to 12 hours.
- Seizures and convulsions.
- Respiratory depression.
- Possible cardiac problems. Lower doses of PCP may trigger a heart attack

if the user had some pre-existing condition, predisposing them to possible cardiac problems.

- o Eyes generally open with a blank stare.

There is also some evidence that prolonged use of PCP and DXM can lead to psychosis, which can be permanent.

E. Expected Results of the Evaluation

When a DRE concludes that a subject is impaired by a Dissociative Anesthetic, such as Phencyclidine or DXM, his or her report should state that "...the subject is under the influence of a Dissociative Anesthetic."

When a person under the influence of Dissociative Anesthetics is evaluated by a DRE, the following results can generally be expected:

Horizontal Gaze Nystagmus will normally be present. With PCP, the HGN is present generally with a very early angle of onset.

Vertical Gaze Nystagmus will normally be present especially with PCP.

Lack of Convergence will be present.

Pulse rate will be up.

Blood pressure will be up.

Temperature will be up. It is not uncommon for persons under the influence of PCP to remove most or all of their clothing in an effort to cool down.

Pupil size will be normal.

Pupil's reaction to light will be normal.

Injection sites usually won't be found, although some PCP users do inject the drug.

General Indicators:

- o Blank stare
- o Confused
- o Chemical odor (of Ether, used in preparation of PCP)
- o Cyclic behavior (With PCP)
- o Difficulty with speech

- o Disorientated
- o Early HGN onset
- o Hallucinations
- o Incomplete verbal responses
- o Increased pain threshold (PCP)
- o Loss of memory
- o "Moon walking" (PCP)
- o Non-communicative
- o Perspiring (PCP)
- o Possibly violent (PCP)
- o Rigid muscle tone (PCP)
- o Sensory distortions
- o Slow, slurred speech

Not all laboratories that perform blood and urine analyses are capable of detecting all of the known analogs of PCP; in fact, some of the analogs can be detected by few if any laboratories. Thus, a DRE should not be surprised if a negative toxicological report comes back for a subject the DRE believed was impaired by Phencyclidine. It is possible that the subject had used an analog that the particular lab couldn't detect.

Topics for study

1. What was the original purpose for which PCP was first patented and marketed?

2. Why do many PCP smokers prefer to adulterate mentholated cigarettes with PCP?

3. What is Ketamine?

4. What does the term "dissociative anesthetic" mean?

5. "Phencyclidine" is a contraction of what three words?

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Gerry Britt, Yarmouth P.D.	DRE No.: 5479	Rolling Log No.: 05-12-002	
Recorder/Witness: Dr. Jack Richman	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case #: 388661	
Arrestee's Name (Last, First MI): Ross, Robert H.	DOB: 9-06-79	Sex: M	Race: W
Arresting Officer (Name, ID No.): Sgt. Deb Batista, Middleboro PD			
Date Examined/Time/Location: 12/08/04, 2145 hrs, Middleboro P.D.	Breath Results: ☐ Refused Instrument # 12838 0.00 %	Chemical Test ☐ Refused ☐ Urine ☒ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Sgt. Batista	What have you eaten today? Chicken	When? 6 am	What have you been drinking? How much? Nothing
Time of last drink? N/A	Time now? 8 o'clock	When did you last sleep? Yesterday	How long? 6 hrs.
Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No	Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No
Are you under the care of a doctor or dentist? ☐ Yes ☒ No	Are you taking any medication or drugs? ☐ Yes ☒ No		

Attitude: Passive, cooperative	Coordination: Poor, staggering	Balance: Swaying	Walking: Unsteady
Breath: Chemical odor	Face: Flushed & sweaty		
Speech: Slurred, slow & low	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time

1. 100 / 2150
2. 108 / 2204
3. 100 / 2217

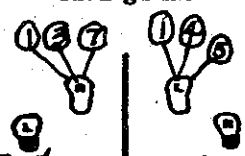
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	yes	yes
Angle of onset	immediate	immediate

Vertical Nystagmus: ☒ Yes ☐ No

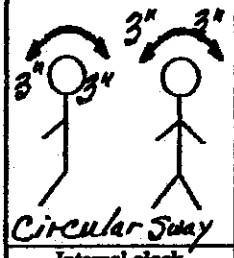
Convergence: ☐ Right eye ☐ Left eye

One Leg Stand



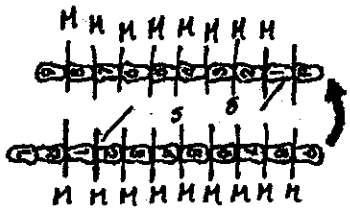
Test stopped | Test stopped

Romberg Balance



Circular Sway

Walk and Turn test



	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon:	✓	
Stops walking	✓	✓
Misses heel to toe	All	All
Steps off line	✓	✓
Raises arms	✓✓	✓✓
Actual # steps	9	9

L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

Type of footwear: Athletic shoes

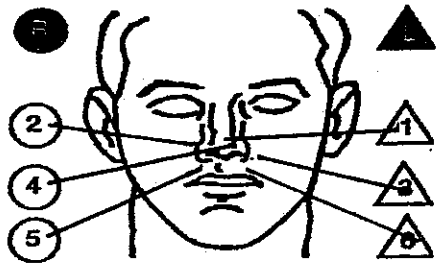
Internal clock: 45 Est. as 30 seconds

Describe Turn: Swiveled in one abrupt motion.

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	4.0	6.0	3.5
Right	4.0	6.0	3.5

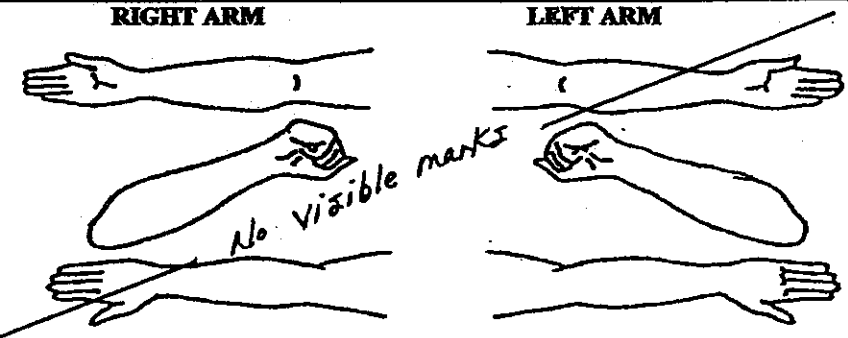
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Reaction to Light: Normal

Oral cavity: Chemical odor, Clear

RIGHT ARM **LEFT ARM**



Blood pressure: 146 / 100

Temperature: 99.8 °f

Muscle tone: ☐ Near normal ☐ Flaccid ☒ Rigid

Comments: Very rigid arms

What medication or drug have you been using? Nothing

How much? N/A

Time of use? No answer

Where were the drugs used? (location) No answer

Date/Time of Arrest: 12/08/04, 2100 hrs.

Time DRE Notified: 2120

Evaluation Start Time: 2145

Time Completed: 2220

DRE signature (Include rank): Gerry Britt

ID #: 5479

Reviewed by: J. D. Decker

Opinion of evaluator:

☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☒ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Ross, Robert H.

1. **LOCATION:** The evaluation of Robert Ross took place in the interview room at the Middleboro Police Department.

2. **WITNESSES:** Arresting officer; Sgt. Deb Batista of the Middleboro Police Department and Dr. Jack Richman of New England College of Optometry.

3. **BREATH ALCOHOL TEST:** Sgt. Batista administered a breath test to Ross at 2120 hours with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to contact Sgt. Batista at the Middleboro P.D. for a drug evaluation. Sgt. Batista advised that she had observed the suspect driving on N. Main Street at approximately 10 mph drifting within his lane and nearly hitting other vehicles. When stopped, the suspect appeared dazed and could not state where he was or where he came from. He had a blank stare and appeared very confused.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at M.P.D. He appeared dazed and disoriented, had a fixed stare and responded very slowly (approx. 5-10 seconds delay) to all my questions. He was perspiring heavily and had rambling speech.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" in a circular motion and estimated 30 seconds in 45 seconds. Walk & Turn: Suspect started walking immediately and lost his balance during the instructions, stepped off the line, stopped walking, repeatedly used his arms for balance and missed heel to toe. One Leg Stand: Suspect was unable to complete the test on either foot. Finger to Nose: Suspect missed the tip of his nose on each attempt and his arm movements were very rigid.

8. **CLINICAL INDICATORS:** Suspect exhibited an immediate onset of HGN. Vertical Gaze Nystagmus and Lack of Convergence were also present. The suspect's pulse, blood pressure and temperature were above the normal ranges.

9. **SIGNS OF INGESTION:** There was a strong chemical odor on the suspect's breath.

10. **SUSPECT'S STATEMENTS:** The suspect stated that he did not use any drugs.

11. **DRE'S OPINION:** In my opinion Ross is under the influence of a Dissociative Anesthetic and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

DRUG INFLUENCE EVALUATION

Evaluator: Ofc. Steve Dunn, Anchorage PD	DRE No.: 11281	Rolling Log No.: 05-5-33	
Recorder/Witness: Ofc. D. Pollock, A.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case # 05-18430	

Arrestee's Name (Last, First MI): Albright, Jeremy J.	DOB: 4-10-86	Sex: M	Race: W	Arresting Officer (Name, ID No.): Ofc. Pollock, A.P.D., 1374	
Date Examined/Time/Location: 04-30-05 1420 hrs 4th Ave. Sub.	Breath Results: ☐ Refused Instrument # 75470 0.00%			Chemical Test ☐ Refused ☐ Urine ☒ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Ofc. Pollock	What have you eaten today? When? Cheese Burger & Fries, 11am	What have you been drinking? How much? Water N/A		Time of last drink? N/A	
Time now? "1:30 pm (1427)"	When did you last sleep? "Night before last"	How long? 1-2 hrs	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No			

Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Cooperative	Coordination: Slow & Deliberate		
	Breath: Normal	Face: Flushed		
Speech: Slurred	Eyes: ☒ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal	
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy	

Pulse and time
1. 110 / 1430
2. 120 / 1446
3. 110 / 1501

HGN

	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	yes	yes
Angle of onset	Immediate	Immed.

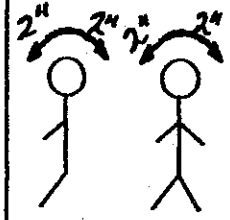
Vertical Nystagmus ☒ Yes ☐ No

Convergence: Right eye ➝ Left eye

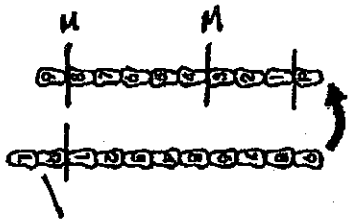
One Leg Stand

Leg Tremors

Romberg Balance



Walk and Turn test



Cannot keep balance	✓
Starts too soon:	

	1st Nine	2nd Nine
Stops walking		
Misses heel to toe		✓✓
Steps off line		
Raises arms		
Actual # steps	9	9

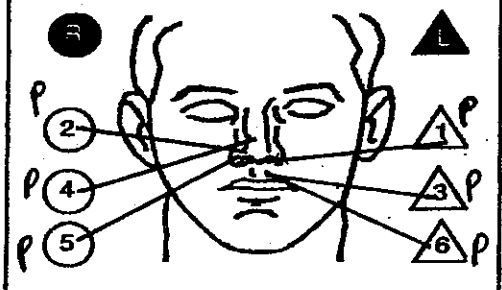
	L	R
Sways while balancing	☑	☑
Uses arms to balance	☐	☑
Hopping	☐	☐
Puts foot down	☐	☐

Type of footwear: Tennis Shoes

Internal clock: 29 Est. as 30 seconds	Describe Turn: Shuffled Feet	Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	7.0	8.5	5.0
Right	7.0	8.5	5.5

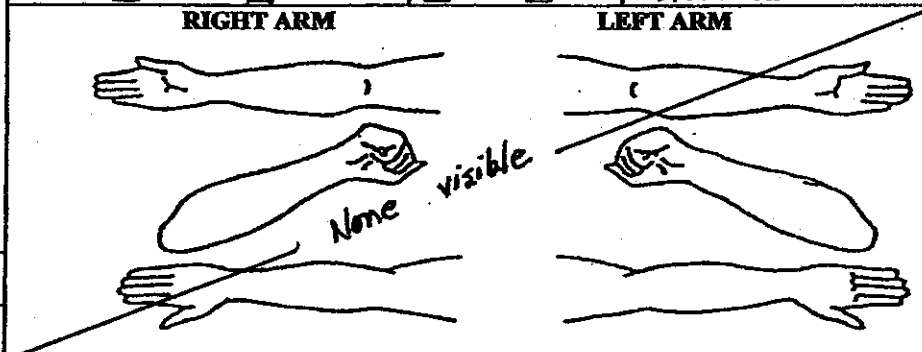
Oral cavity: Clear

Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Reaction to Light: Normal

RIGHT ARM **LEFT ARM**



Blood pressure: 152/100	Temperature: 99.7°f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? Coricidin	How much? 24 pills	Time of use? Last night	Where were the drugs used? (location) Friend's House
Date/Time of Arrest: 04-30-05 1300 hrs.	Time DRE Notified: 1350	Evaluation Start Time: 1420 hrs.	Time Completed: 1515 hrs.
DRE signature (Include rank): Steve Dunn	ID #: 1361	Reviewed by: K.T. [illegible] 5/2/05	

Opinion of evaluator:
☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☒ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Albright, Jeremy J.

1. **LOCATION:** The evaluation of Jeremy Albright took place in the DUI processing room at the 4th Avenue substation of the Anchorage Police Department.

2. **WITNESSES:** Arresting officer; D. Pollock, Anchorage P.D. witnessed the evaluation.

3. **BREATH ALCOHOL TEST:** Albright provided a breath sample to Officer Pollock on the Datamaster with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by dispatch and requested to contact Officer Pollock regarding a drug evaluation. Officer Pollock advised he had stopped the suspect for speeding on Minnesota Ave. The suspect had bloodshot eyes and slurred speech. He appeared impaired however, there was no odor of alcoholic beverage on his breath. He had six clues of HGN and performed poorly on the SFST's. He admitted taking some "Dex" the night before.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the 4th Avenue substation. His face was flushed and his speech slurred. His movements were slow and deliberate.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 2" side to side and approximately 2" front to back. Walk & Turn: Suspect lost his balance during the instructions, turned by shuffling his feet and missed heel to toe twice. One Leg Stand: Suspect had leg tremors with no clues observed. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts. He used the pad of his finger on each attempt.

8. **CLINICAL INDICATORS:** HGN was present with an immediate onset. Vertical Gaze Nystagmus and Lack of Convergence were also present. His pulse, blood pressure and temperature were above the normal ranges.

9. **SIGNS OF INGESTION:** None were evident.

10. **SUSPECT'S STATEMENTS:** Suspect admitted taking about 24 Coricidin pills.

11. **DRE'S OPINION:** In my opinion Albright is under the influence of a Dissociative Anesthetic and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** The suspect stated he had been transported to the hospital several months ago when he overdosed by taking 32 Coricidin pills.

DRUG INFLUENCE EVALUATION

Evaluator: Jim Pullen, Westminster P.D.	DRE No.: 10766	Rolling Log No.: 04-56	
Recorder/Witness: Ofc. Jeff Schuster, W.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case #: 55170-04	
Arrestee's Name (Last, First MI): George, Debra A.	DOB: 8-24-84	Sex: F	Race: W
Arresting Officer (Name, ID No.): Jeff Schuster W.P.D. # 10765			
Date Examined/Time/Location: 05/02/04, 2315, Westminster P.D.	Breath Results: ☐ Refused Instrument # 74080 .00 %	Chemical Test ☐ Refused ☐ Urine ☒ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Ofc. Schuster	What have you eaten today? Pizza	When? 6 pm	What have you been drinking? How much? Nothing N/A
Time of last drink? N/A			
Time now? 11 pm	When did you last sleep? Last night	How long? 6-7 hrs.	Are you sick or injured? ☐ Yes ☒ No
Are you diabetic or epileptic? ☐ Yes ☒ No			
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No	
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Passive, Non-responsive	Coordination: Poor, slow, staggering	
	Breath: Normal	Face: Sweaty, flushed	
Speech: Slow, confused, thick	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time
1. 120 / 2325
2. 116 / 2336
3. 118 / 2345

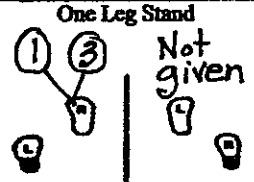
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	Yes	Yes
Maximum deviation	Yes	Yes
Angle of onset	Immediate	Immediate

Vertical Nystagmus: ☒ Yes ☐ No

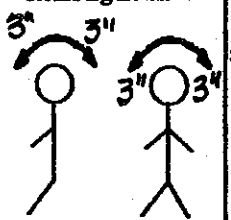
Convergence: Right eye / Left eye

One Leg Stand



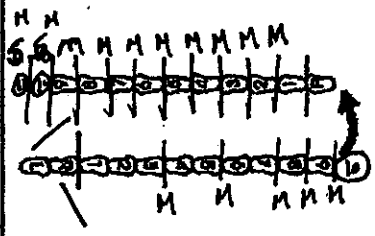
Subject fell

Romberg Balance



Circular sway

Walk and Turn test



	Cannot keep balance	✓✓
	Starts too soon:	

	1st Nine	2nd Nine
Stops walking		
Misses heel to toe	✓✓✓✓✓	All steps
Steps off line		
Raises arms	Constant	
Actual # steps	10	12

L R
- ☑ ☐ Sways while balancing
- ☐ ☐ Uses arms to balance
- ☐ ☐ Hopping
- ☑ ☐ Puts foot down

Type of footwear: Sandals

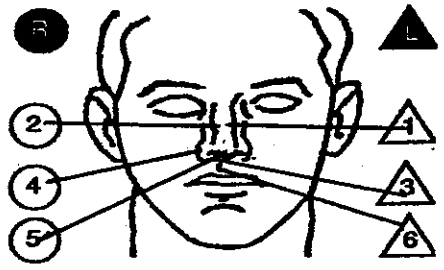
Internal clock: 42 Est. as 30 seconds

Describe Turn: Stopped, then spun around

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	4.0	6.5	3.5
Right	4.0	6.5	3.5

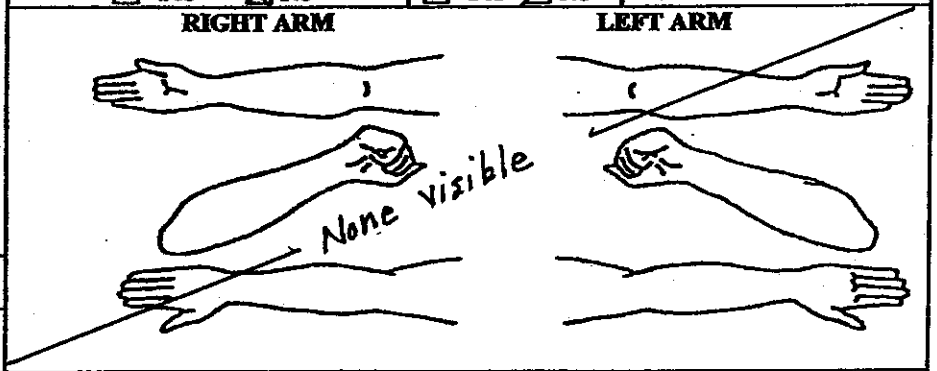
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Reaction to Light: Normal

Oral cavity: Clear

RIGHT ARM **LEFT ARM**



Blood pressure: 150 / 104

Temperature: 100.4 °f

Muscle tone: ☐ Near normal ☐ Flaccid ☒ Rigid

Comments:

What medication or drug have you been using? How much? No response N/A	Time of use? No response	Where were the drugs used? (location) No response	
Date/Time of Arrest: 05/02/04 2250 Hours	Time DRE Notified: 2300	Evaluation Start Time: 2315	Time Completed: 2358
DRE signature (include rank): James D. Pullen	ID #: 10766	Reviewed by:	

Opinion of evaluator:
☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☒ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: George, Debra A.

1. **LOCATION:** The evaluation of Debra George took place in the Processing Room at the Westminster Police Department.

2. **WITNESSES:** Arresting officer; Jeff Schuster of the Westminster Police Department witnessed and recorded the entire evaluation.

3. **BREATH ALCOHOL TEST:** Officer Schuster administered a breath test to George with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to contact Officer Schuster at W.P.D. for a drug evaluation. Officer Schuster stated he had stopped the suspect after observing her nearly hit several parked cars. Her speech was slow and slurred. She was very confused and not sure of her surroundings. Her coordination was very poor and she nearly fell attempting the SFST's.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the Processing Room at W.P.D. She appeared dazed and disoriented. She had a fixed stare and was responding slowly to Officer Schuster's questions. She was very unstable on her feet and several times used the wall to steady herself.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" in a circular motion and estimated 30 seconds in 42 seconds. Walk & Turn: Suspect missed heel to toe numerous times and nearly fell twice. She repeatedly used her arms for balance and took a wrong number of steps. One Leg Stand: Suspect lost her balance using the wall to steady herself and the test had to be stopped. Finger to Nose: Suspect missed the tip of her nose on five of the six attempts.

8. **CLINICAL INDICATORS:** Suspect had six clues of Nystagmus with an immediate onset. Vertical Gaze Nystagmus was also present. Her pulse, blood pressure and temperature were above the normal ranges.

9. **SIGNS OF INGESTION:** None were evident.

10. **SUSPECT'S STATEMENTS:** The suspect did not respond when questioned about drug. However, she did make several "K-Hole" references.

11. **DRE'S OPINION:** In my opinion George is under the influence of a Dissociative Anesthetic and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

SESSION XVII

NARCOTIC ANALGESICS

SESSION XVII NARCOTIC ANALGESICS

Upon successfully completing this session the student will be able to:

- Explain a brief history of the Narcotic Analgesic category of drugs.
- Identify common drug names and terms associated with the category.
- Identify common methods of administration for this category.
- Describe the symptoms, observable signs and other effects associated with this category.
- Describe the typical time parameters, i.e. onset and duration of effects, associated with this category.
- List the clues that are likely to emerge when the drug influence evaluation is conducted for a person under the influence of this drug category.
- Describe the procedures for examining and determining the ages of injection sites.
- Correctly answer the "topics for study" questions at the end of the session.

A. Overview of Narcotic Analgesics

There are two subcategories of Narcotic Analgesics. The first subcategory consists of the Opiates. The second subcategory are the Synthetics.

The Opiates are drugs that either contain or are derived from opium. There are two basic types of opiates, alkaloids and derivatives. An "alkaloid" is a substance that is found in another substance, and can be isolated from it. For example, Morphine, Codeine and Thebaine are all found in opium and are natural alkaloids. Opium Derivatives are produced by chemically treating the natural alkaloid. Heroin is probably the most famous Opium Derivative, but there are a number of other important drugs that are produced in this manner. The source for both the Natural Alkaloids and the Opium Derivatives is a particular species of poppy plant, called the "opium poppy", or papaver somniferum (Latin for "the poppy that brings sleep"). Opium is the sap from the seed pods of that plant.

The second subcategory of Narcotic Analgesics has nothing to do with the opium poppy. This subcategory consists of the Synthetics, which are produced artificially from a variety of non-opiate substances. One of the best known of these is Methadone, a drug used as a substitute for Heroin in drug treatment programs. The synthetics do not derive from opium at all, but have similar or identical effects.

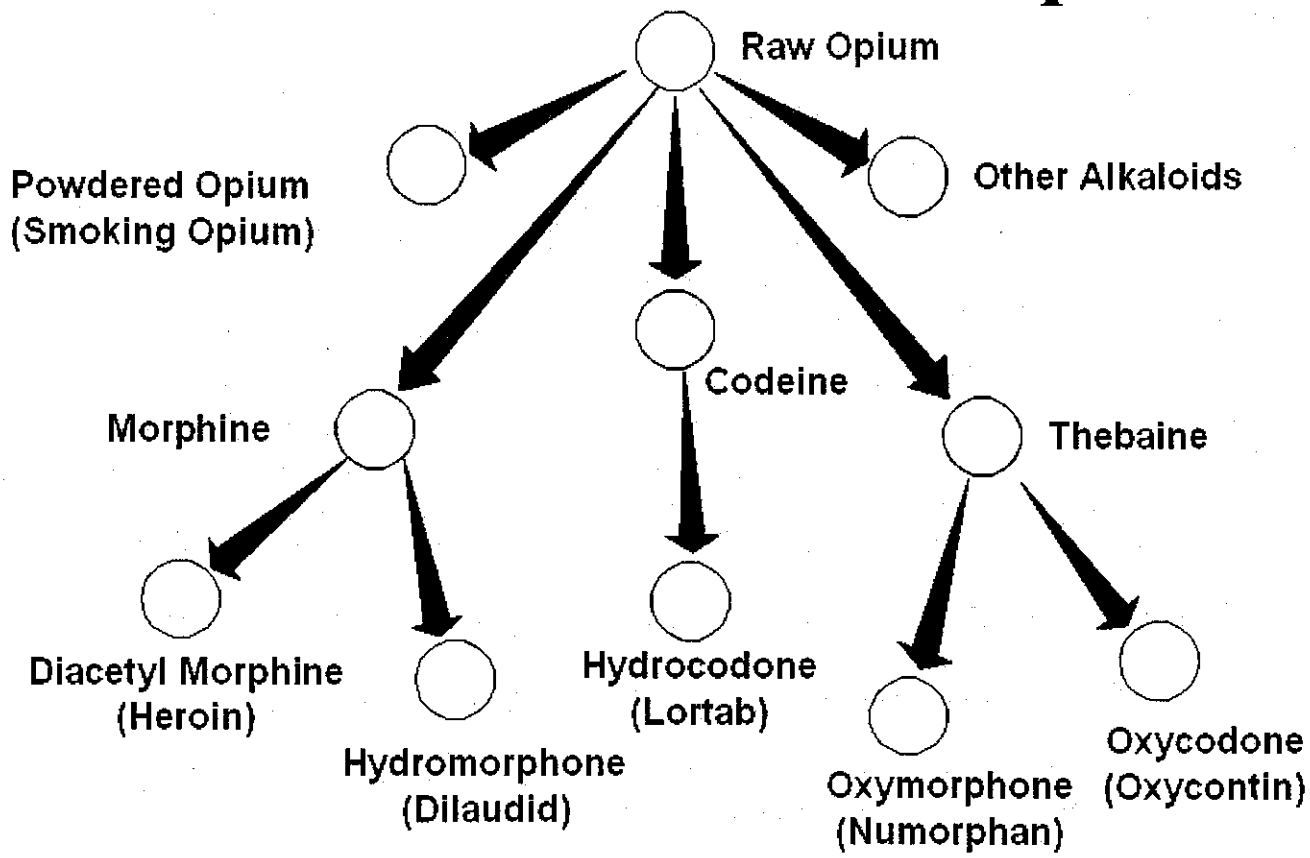
All Narcotic Analgesics share three distinguishing characteristics:

- they will relieve pain (this is what "analgesic" means);
- they will produce withdrawal signs and symptoms, when the drug is stopped after chronic administration;
- their use will suppress the withdrawal signs and symptoms of chronic morphine administration. (This means that the various Narcotic Analgesics can be substituted for each other to relieve withdrawal symptoms.)

1. The chart on the next page lists the names of some Natural Alkaloids and Opium Derivatives and shows their derivation from opium.

   Powdered opium, also known as "smoking opium", is not really a derivative, but rather is a simple refinement of raw opium. (In much the same sense, "refined sugar" is still sugar.) Powdered opium is used medically to treat diarrhea. As a medicine, it is taken orally. As a drug of abuse, it is smoked. It remains popular as a drug of abuse among some Asian American communities.

Commonly-abused Opiates and Their Derivation From Opium



Morphine is the principal Natural Alkaloid of opium. It was first isolated from opium in 1805. Morphine is used medically to suppress severe pain, for example, with terminal cancer patients. It is highly addictive.

Codeine is another Natural Alkaloid of opium, separate from morphine. Codeine was first isolated in 1832. It is used medically to suppress coughing or minor pain. Although codeine is an analgesic, its pain killing ability is much weaker than morphine's. Codeine definitely is addictive. NOTE: The technical name for Codeine is Methylmorphine.

Heroin is an Opium Derivative that is produced by chemically treating Morphine. Heroin is the most commonly abused illicit Narcotic Analgesic.

Heroin was first produced in 1874, in the hope that it would prove to be a non-addictive substitute for Morphine. Heroin was approved for general use by the American Medical Association in 1906. However, its importation and manufacture have been illegal in this country since 1925. NOTE: The technical, or generic, name for heroin is Diacetyl Morphine.

Dilaudid is another Opium Derivative that also is produced from Morphine. Dilaudid sometimes is called "drug store heroin", because it is commercially available. It is used medically for short term relief of moderate to severe pain, and to suppress severe, persistent coughs. Dilaudid has the same addictive liabilities as does heroin or morphine. NOTE: The technical, or generic, name for Dilaudid is Hydromorphone Hydrochloride.

Hydrocodone is structurally related to Codeine but more closely related to Morphine in its pharmacological profile. It is most frequently prescribed in combination with acetaminophen (i.e. Vicodin, Lortab) but is also marketed in products with aspirin (Lortab ASA), ibuprofen (Vicoprofen) and antihistamines (Hycomine). Hydrocodone products are the most frequently prescribed pharmaceutical opiates in the United States with over 111 million prescriptions dispensed in 2003. Hycodan is another trade name of Hydrocodone

Numorphan is a powerful anagesic with the same addictive properties as morphine. It is used medically for relief of chronic pain. It is sold in ampules (injection) and in suppositories. NOTE: The technical, or generic, name for Numorphan is Oxymorphone.

Oxycodone is a semi-synthetic narcotic produced by chemically treating Thebaine and prescribed for chronic or long-lasting pain. Oxycodone is the active ingredient of OxyContin and is also the main ingredient for Percodan and Tylox. OxyContin contains between 10 and 160 milligrams of oxycodone in a timed release tablet. Other pain killers, such as Tylox contain 5 milligrams of Oxycodone. OxyContin has quickly become one of the major drugs of abuse. It is referred to as "Oxy", "OC" and "killer" on the street. Abusers of the drug either crush the tablet for ingestion, snorting it or dilute it in water and inject it. Crushing or diluting the tablet disarms the timed-release action and causes a quick, powerful high. It is somewhat less addictive than morphine, but more addictive than codeine.

2. Some common synthetic opiates include the following.

Demerol is one of the most widely used synthetic opiates for relief of pain and for sedation. It was first produced in 1939. The technical name for Demerol is meperidine.

Methadone was developed in Germany during World War II. Methadone's effects are similar to morphine's, although methadone's effects develop more slowly and last longer. Methadone was developed because of war-time shortages in Germany of morphine. The primary advantage of methadone is that it cannot be injected, and it has a much longer duration of effects than heroin. Also, methadone's withdrawal symptoms are slower and milder than are morphine's. It is for these reasons that meth-adone is used extensively in "maintenance programs" as a substitute for heroin for addicts undergoing treatment. The technical name is Dolophine.

The Fentanyls include several hundred "designer drug" analogs of morphine. "Sublimaze" is a brand name for fentanyl. It is a Schedule II drug. It is frequently found in overdose situations. For example, "Tango and Cash" and "Goodfellas," which contained fentanyl, were sold in New York City in 1990 as Heroin. Many fatal overdoses occurred as a result. Fentanyls were first developed in 1965. The principal abused fentanyl is "three-methyl fentanyl". This analog is very powerful, and can be fatal in very small amounts.

MPPP is an illegally manufactured analog of demerol. MPPP is powerfully addictive, and thus is very dangerous in its own right. What makes it even more dangerous is the fact that the "home chemists" who produce it often make a mistake that causes the MPPP to become contaminated with a substance called MPTP, a chemical that produces a paralysis similar to Parkinson's Disease.

Darvon is a synthetic opiate of relatively low analgesic potency, and relatively low addiction liability. Technical name is Propoxyphene. It is fairly commonly prescribed.

3. Methods of administration vary from one Narcotic Analgesic to another. Methods of ingestion include: oral, smoking, injection, snorted, suppositories and transdermally. An example is heroin which can be injected, snorted or smoked.

B. Possible Effects of Narcotic Analgesics

However, the effects that a Narcotic Analgesic user will experience and exhibit depend on the tolerance that the user has developed for the drug. As a person develops tolerance for a drug, that person will experience diminishing effects if they continue to take the same dose of the drug. Conversely, if the person wishes to continue to experience the same effects, he or she will have to take steadily larger doses as tolerance develops.

People develop tolerance to Narcotic Analgesics fairly rapidly. A Narcotic Analgesic user who has developed tolerance and who has taken his or her "normal" dose of the drug may exhibit little or no evidence of intellectual or physical impairment. For example, a heroin addict who has injected his or her usual dose may be able to operate a car properly and satisfactory perform the Standardized Field Sobriety Tests.

The clinical and physical effects of Narcotic Analgesics usually are evident with new users, or with tolerant users who have taken more than their "normal" doses.

One of the most easily observable effects is a condition known as "on the nod". This is a semiconscious state of deep relaxation, brought about by the sedative action of the drug. When a user is "on the nod", their eyelids will become very droopy (ptosis), and the head will slump forward until the chin rests on the chest. But the user usually can be awakened easily and be sufficiently alert to respond to questions.

Other effects may include:

- o "on the nod"
- o slowed reflexes
- o slow and raspy speech
- o slow, deliberate movement
- o inability to concentrate
- o slow breathing
- o skin cool to touch
- o possible vomiting
- o itching of the face, arms, or body

C. Onset and Duration of Effects of Narcotic Analgesics

Heroin users generally experience certain psychological effects immediately after injection. These include a feeling of pleasure or euphoria; relief from withdrawal symptoms; and, relief from pain. Physical effects, if they are evident at all, typically will become evident after 5-30 minutes. But remember, physical effects may not be evident if the user is tolerant and has taken a normal dose.

The physical effects usually will be observable for up to 4-6 hours with new users.

As the physical effects begin to disappear, withdrawal signs and symptoms start to emerge. These withdrawal signs can become very severe, if the user does not take another dose. However, it is important to keep in mind that when withdrawal signs are evident, the individual is no longer under the active influence of the drug.

As the effects of the Heroin diminish, withdrawal symptoms begin. The addicted user experiences chills, aches of the muscles and joints, nausea and insomnia.

Outward signs of withdrawal typically start to be observable within 8-12 hours. The addicted user sweats and has goose bumps on the skin. Reflexes become hyperactive. The addicted user yawns, may vomit, their nose runs and the eyes tear. At this point, the withdrawal signs and symptoms closely resemble those of the common cold or the flu. The withdrawal signs and symptoms intensify from 14-24 hours, and may be accompanied by goose bumps (piloerection), slight tremors, loss of appetite and dilation of the pupils.

Approximately 24-36 hours since the last "fix", the addicted user experiences insomnia, vomiting, diarrhea, weakness, depression and hot/cold flashes. Withdrawal signs and symptoms generally reach their peak after 2-3 days. At this point, the addicted user usually experiences muscular and abdominal cramps, elevated temperature and severe tremors and twitching. This twitching, especially of the legs, is referred to as the expression "kicking the habit". The addicted user is very nauseated at this time, may gag and vomit repeatedly, and may lose 10-15 pounds within 24 hours.

D. Signs And Symptoms of Narcotic Analgesic Overdose

Narcotic Analgesics depress respiration. The user's breathing becomes slow and shallow, and death can occur from severe respiratory depression. The danger of death from an overdose of Narcotic Analgesic is heightened by the fact that the addicted user may not know the strength of the drug that he or she is taking. The skin becomes clammy, and the overdosing user may experience convulsions, slip into a coma, lips turn blue, body become pale or blue and have extremely constricted pupils (unless there is brain damage in which pupils may be dilated).

E. Expected Results of the Evaluation

When a person under the influence of a Narcotic Analgesic is evaluated by a DRE, the following results can generally be expected:

Horizontal Gaze Nystagmus - none.

Vertical Gaze Nystagmus - none.

Lack of Convergence - none.

Pupil size - constricted.

Pupil's usually will exhibit little or no visible reaction to light. Hippus may be present during withdrawal.

Pulse rate will be down.

Blood pressure will be lowered.

Temperature will be down.

Injection sites usually will be found, with heroin users. Injection sites may not be evident with users of other Narcotic Analgesics.

In general, the effects of Narcotic Analgesics include:

- constricted pupils
- depressed reflexes
- droopy eyelids (ptosis)
- dry mouth
- euphoria
- facial itching
- flaccid muscle tone
- nausea
- "on the nod"
- puncture marks
- slow, low, raspy speech
- slowed breathing

F. Injection Site Examination

Examination of injection sites can reveal many clues about a users' drug habit. The sites can reveal if the user injects their drugs and if the use was current or in the recent past.

Drugs enter the body through three major tissues of the body - intramuscular, just under the skin (subcutaneous) or through a vein.

The primary instrument used to inject drugs is a hypodermic syringe. The syringe consists of a hollow needle, tube and a plunger. The inside diameter of the needle or gauge vary in size. The larger the gauge, the smaller the needle.

The user's equipment is commonly referred to as a "hype kit" or "works". The kit consists of a cooker, handle, matches or lighter, a tourniquet and "cottons."

As a DRE, you will be asked in court to describe the difference between legal and illegal injection marks. A legal injection utilizes the muscle, usually is only one mark and sterile needles are used. An illegal injection utilizes veins, will usually be multiple marks in various stages of healing and since the same needle is usually used over and over again the mark will have a barbed or jagged appearance.

A user will frequently use the same spot to inject the drugs to reduce the likelihood of detection. This technique is sometimes referred to as "trap dooring."

There is not exact science to classify the age of puncture sites. However, there are some general puncture site classifications:

Classifications:

Fresh - A fresh puncture site is defined as 0 - 12 hours and will be a red dot and have a oozing appearance or blood crater with no scab formation.

Early - An early puncture site is approximately 12 - 96 hours (half day to 4 days) and will have a light scab, light bruise, reddened border and a crater appearance.

Late - A late puncture site is 5 - 14 days and will have a dark scab, dark bruise and the crater will flatten.

Healing - A healing puncture site is over 14 days old and the scab will be flaking and falling off with shriveled, light colored skin.

G. Expected Location of Injection Marks

Injection sites can be located anywhere on the users' body. The arms are the most frequently used place. The user may use the ankles, neck, feet or any place where a vein is accessible.

It is necessary to conduct a thorough slow methodical examination of the subject's arms. Using a magnifying light called a schematic light or "ski light" examine the left inner arm as it is extended with the palm facing you. Then ask the subject to contract the arm by grasping their shoulder (this forces the veins to protrude). Beginning at the wrist, examine the arm to the elbow. Examine the outer arm as it is extended palm facing down. Start the exam at the shoulder and move to the wrist. Ask the subject to extend his or her fingers to examine the fingers. Pay particular attention to the areas between the fingers, under watches and rings. Repeat the examination for the right arm.

Ankles are the next most common injection site, especially the back. Extreme caution should be used when examining the shoes and socks for evidence because syringes and needles are commonly hidden there.

H. Conclusion

The examination may reveal evidence of recent use, however, just the presence of injection sites doesn't mean the person is under the influence or impaired.

A slow methodical examination utilizing a magnifying light is required to obtain evidence for court. DRE's may elect to photograph new or recent injection marks for evidential purposes.

Conducting a thorough examination is a skill and requires practice to become proficient.

Topics for study

1. What are the two subcategories of Narcotic Analgesics?

2. What three distinguishing characteristics do all Narcotic Analgesics share?

3. Consider this situation:

   A heroin addicted user injects what is, for him, a "normal" dose of the drug. One hour later a DRE examines the addicted user and finds that he is not impaired.

   What is the most likely explanation for this?

4. What is another, more common, name for the drug call Diacetyl Morphine?

5. What is Thebaine?

6. What is Percodan?

7. What is MPPP?

8. What is Oxycodone?

DRUG INFLUENCE EVALUATION

Evaluator: Karl Nieberlein, Sparks P.D.	DRE No.: 1176	Rolling Log No.: 05-08-014	
Recorder/Witness: Sgt. Mac Venzon, Reno P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case # 05-44575	
Arrestee's Name (Last, First MI): Vaughn, Gerald T.	DOB: 5-14-80	Sex: M	Race: B
Arresting Officer (Name, ID No.): Ofc. Rich Gamwell, Sparks P.D.			
Date Examined/Time/Location: 08-24-05, 1805 hrs, Washoe Co.	Breath Results: ☐ Refused Instrument # 15344 0.00 %	Chemical Test ☐ Refused ☐ Urine ☒ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Ofc. Gamwell	What have you eaten today? Nothing	When? N/A	What have you been drinking? How much? Dr. Pepper N/A
Time of last drink? N/A			
Time now? About 7pm	When did you last sleep? Last night	How long? 4 hrs.	Are you sick or injured? ☐ Yes ☒ No
Are you diabetic or epileptic? ☐ Yes ☒ No			
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No	
Are you taking any medication or drugs? ☒ Yes ☐ No: "Methadone"	Attitude: Cooperative, passive	Coordination: Relaxed, slow, unstable	
	Breath: Normal	Face: Normal	
Speech: Low, raspy	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☐ Normal ☒ Droopy

Pulse and time

1. 56 / 1817
2. 58 / 1825
3. 58 / 1832

HGN

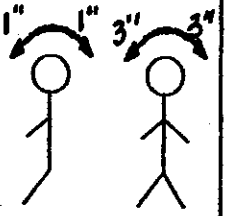
	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

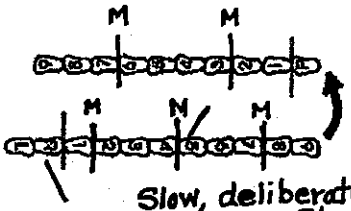
Convergence: Right eye / Left eye

One Leg Stand: Counted Slowly

Romberg Balance



Walk and Turn test



Slow, deliberate steps

Cannot keep balance: ✓

Starts too soon:

	1st Nine	2nd Nine
Stops walking	✓✓	✓✓
Misses heel to toe	✓✓	✓✓
Steps off line	✓	
Raises arms	✓✓	✓
Actual # steps	9	9

L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☐	☐	Puts foot down

Type of footwear: Lace up boots

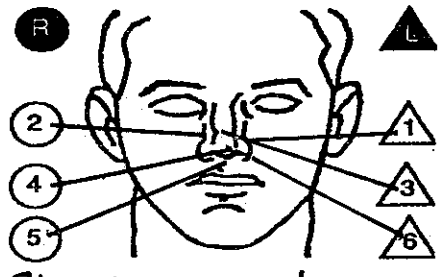
Internal clock: 44 Est. as 30 seconds

Describe Turn: Slow, Deliberate

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Slow movements

Pupil Size	Room Light	Darkness	Direct
Left	2.0	2.0	2.0
Right	2.0	2.0	2.0

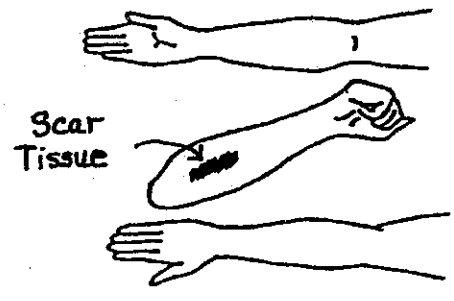
Hippus. ☐ Yes ☒ No

Rebound dilation ☐ Yes ☒ No

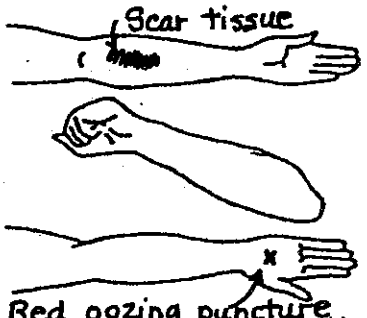
Oral cavity: Clear

Reaction to Light: None

RIGHT ARM



LEFT ARM



Blood pressure: 110/64

Temperature: 98.0°f

Muscle tone: ☐ Near normal ☒ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? "Just methadone, man" "The normal"

Time of use? 3pm

Where were the drugs used? (location) "The clinic"

Date/Time of Arrest: 8-24-05 1720 hrs.

Time DRE Notified: 1745 hrs.

Evaluation Start Time: 1805

Time Completed: 1900

DRE signature (title/rank): Karl Nieberlein

ID #: 1176

Reviewed by:

Opinion of evaluator:

☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☒ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Vaughn, Gerald T.

1. **LOCATION:** The evaluation of Gerald Vaughn took place in the DRE room at the Washoe County Jail.

2. **WITNESSES:** Sergeant Mac Venzon of the Reno Police Department.

3. **BREATH ALCOHOL TEST:** The A/O, Officer Rich Gamwell of the Sparks Police Department administered a breath test to Vaughn with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to contact Officer Gamwell at the Washoe County Jail for a drug evaluation. Officer Gamwell advised the suspect was operating a vehicle reported stolen earlier in the day by Reno PD. After stopping the suspect, Officer Gamwell noted that suspect's speech was slow, slurred and raspy. His coordination was poor and he was licking his lips repeatedly. His pupils were constricted and he performed poorly on the SFST's.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the DRE interview room at the Washoe County Jail. He appeared to be asleep. His eyes were closed, his head kept nodding forward and his breathing was slow. The suspect responded to questions and became more alert as time passed. His voice was raspy and his pupils appeared constricted. He was licking his lips and his movements were slow and deliberate.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 1" front to back and approximately 3" side to side. He estimated 30 seconds in 44 seconds. Walk & Turn: Suspect lost his balance during the instructions, missed heel to toe three times on the first nine steps and twice on the return. He also stepped off the line and used his arms for balance. One Leg Stand: Suspect counted slowly, swayed and used his arms for balance. Finger to Nose: The suspect missed the end of his nose with five of the six attempts.

8. **CLINICAL INDICATORS:** Suspect's pulse and blood pressure were below the normal range. His pupils were constricted with no visible reaction to light. His eyelids were droopy.

9. **SIGNS OF INGESTION:** Subject had scar tissue on both his left and right forearms and a fresh oozing puncture wound on the back his left hand. (Photographed).

10. **SUSPECT'S STATEMENTS:** Suspect admitted using Methadone earlier in the day.

11. **DRE'S OPINION:** In my opinion Vaughn is under the influence of a Narcotic Analgesic and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

DRUG INFLUENCE EVALUATION

Evaluator: Sr. Tpr. Jim Pierce, OSP	DRE No.: 4600	Rolling Log No.: 04-017	
Recorder/Witness: Sgt. Jeff Niiya, PPB	Crash: ☐ Fatal ☒ None ☒ Injury ☐ Property	Case #: 04-25250	
Arrestee's Name (Last, First MI): Bursten, David L.	DOB: 4/29/80	Sex: M	Race: W
Arresting Officer (Name, ID No.): Sgt. Jeff Niiya, PPB			
Date Examined/Time/Location: 11/01/04, 4:15pm, Central Precinct	Breath Results: ☐ Refused Instrument # 21250 0.00 %	Chemical Test ☐ Refused ☒ Urine ☐ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Sgt. Niiya	What have you eaten today? Nothing	When? N/A	What have you been drinking? How much? Nothing N/A
Time of last drink? N/A	Time now? Don't know	When did you last sleep? Last night	How long? "a few hours"
Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No	Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No
Are you under the care of a doctor or dentist? ☐ Yes ☒ No	Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Cooperative	Coordination: Poor, sloppy, stumbling
Breath: Normal	Face: Normal	Speech: Slow & deliberate	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery
Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal	Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)
Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☐ Normal ☒ Droopy		

Pulse and time

1. 60 / 1630
2. 56 / 1642
3. 60 / 1655

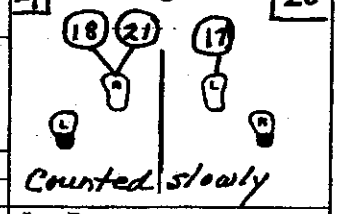
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

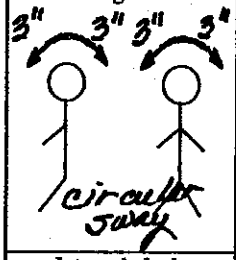
Convergence: ✓ Right eye ✓ Left eye

One Leg Stand — 21 / 20

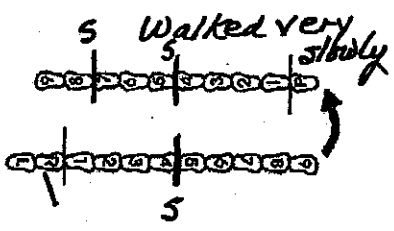


Counted slowly

Romberg Balance



Walk and Turn test



	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon:		
Stops walking	✓	✓
Misses heel to toe		
Steps off line		
Raises arms	✓✓	✓
Actual # steps	9	9

L	R	
✓	✓	Sways while balancing
✓	✓	Uses arms to balance
☐	☐	Hopping
✓	✓	Puts foot down

Type of footwear: Loafers

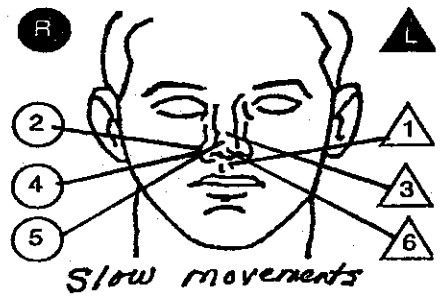
Internal clock: 58 — Est. as 30 seconds

Describe Turn: Lost Balance, Staggered to the left

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	1.5	1.5	1.5
Right	1.5	1.5	1.5

Hippus: ☐ Yes ☒ No

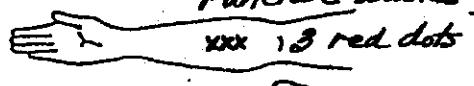
Rebound dilation: ☐ Yes ☒ No

Oral cavity: Clear

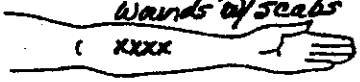
Reaction to Light: None visible

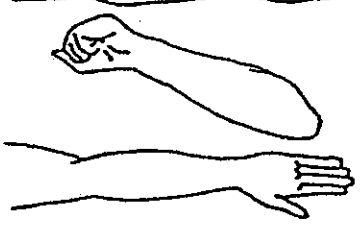
Photo area

RIGHT ARM — Puncture Wounds



LEFT ARM — 4 puncture wounds w/scabs





Blood pressure: 100/60

Temperature: 97.0 °f

Muscle tone: ☐ Near normal ☒ Flaccid ☐ Rigid

Comments: Arms & Neck very relaxed

What medication or drug have you been using? How much? None Refused

Time of use? Refused

Where were the drugs used? (location) Refused

Date/Time of Arrest: 11/01/04 4:00 PM

Time DRE Notified: 4:05 PM

Evaluation Start Time: 4:15 PM

Time Completed: 5:25 PM

DRE signature (Include rank): Jim Pierce

ID #: S. Tpr. PSP

Reviewed by: Sgt. A. Mevis 11/10/04

Opinion of evaluator:

☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☒ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Bursten, David L.

1. **LOCATION:** The evaluation of David Bursten took place in the interview room at the Central Traffic Precinct of the Portland Police Bureau.

2. **WITNESSES:** The arresting officer, Sergeant. Jeff Niiya of the Portland Police Bureau witnessed and recorded the evaluation.

3. **BREATH ALCOHOL TEST:** Sergeant Niiya administered a breath test to Bursten using the Intoxilyzer 5000. The result was 0.00%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by dispatch and advised to contact Sgt. Niiya for a drug evaluation. Sgt. Niiya advised the suspect had failed to stop at a red light on N.E. Burnside and struck a pedestrian in the crosswalk. The pedestrian was transported to the hospital in serious condition. Sgt. Niiya noted that the suspect had slow and deliberate movements and his speech was slow, slurred and raspy. He was unable to perform the SFST's as directed.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the Central Precinct. He was repeatedly scratching his face and neck. His head kept nodding forward and he appeared to be "on the nod." His voice was raspy, his pupils appeared to be constricted and his eyelids were droopy.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" in a circular motion and he estimated 30 seconds in 58 seconds. Walk & Turn: Suspect lost his balance during the instructions, stopped while walking once on the first nine steps and twice on the return. He walked very slowly and used his arms for balance. One Leg Stand: Suspect counted slowly, swayed, used his arms for balance and put his foot down. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts.

8. **CLINICAL INDICATORS:** Suspect's blood pressure and temperature were below the normal ranges. His pupils were constricted and showed no visible reaction to light.

9. **SIGNS OF INGESTION:** Suspect had scars on his right forearm and fresh oozing puncture wounds on the inside of his right arm. The puncture wounds were photographed.

10. **SUSPECT'S STATEMENTS:** The suspect refused to answer questions about drug use.

11. **DRE'S OPINION:** In my opinion Bursten is under the influence of a Narcotic Analgesic and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Tim Tomczak	DRE No. 9139	Rolling Log No. 04-023	
Recorder/Witness: Eddie Buffalo	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 04-3125

Arrestee's Name (Last, First MI)	DOB	Sex	Race	Arresting Officer (Name, ID No.)
Sheehan, Thomas	5-16-66	M	W	Sgt. Brandon Craft, N.C.H.P.

Date Examined/Time/Location	Breath Results: ☐ Refused	Chemical Test ☐ Refused
3/17/04, 2200 Raleigh PD	Instrument # 4200 .00 %	☒ Urine ☐ Blood

Miranda Warning Given: ☒ Yes ☐ No	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
By: Craft	"Nothing, Don't know"	I don't drink	N/A

Time now?	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
About 8pm	This morning, 4 hrs.	☐ Yes ☒ No	☐ Yes ☒ No

Do you take insulin?	Do you have any physical defects?	Are you under the care of a doctor or dentist?
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No

Are you taking any medication or drugs?	Attitude:	Coordination:
☐ Yes ☒ No "I don't take drugs"	Sarcastic	Poor, stumbling, staggering
	Breath: Normal	Face: Pale

Speech:	Eyes:	Blindness:	Tracking:
Low, raspy	☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	☒ None ☐ Left Eye ☐ Right Eye	☒ Equal ☐ Unequal

Corrective lens:	Pupil size:	Able to follow stimulus:	Eyelids:
☐ None (Removed) ☒ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	☒ Equal ☐ Unequal, (explain)	☒ Yes ☐ No	☐ Normal ☒ Droopy very

Pulse and time
1. 60 / 2210
2. 58 / 2221
3. 58 / 2230

HGN

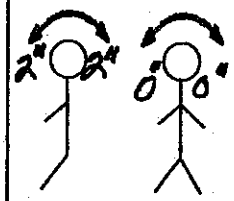
	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	No	No
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

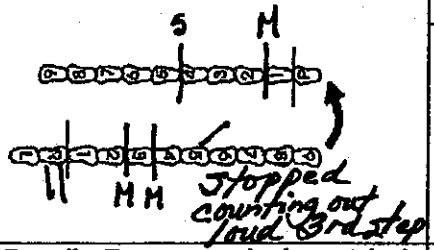
Convergence — Right eye / Left eye

One Leg Stand: 16, 23, 26

Romberg Balance



Walk and Turn test



Stopped counting out loud 3rd step

Cannot keep balance	✓✓
Starts too soon:	

	1st Nine	2nd Nine
Stops walking		✓
Misses heel to toe	✓✓	✓
Steps off line	✓	
Raises arms	✓	✓✓✓
Actual # steps	9	9

L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

Type of footwear: Dress shoes

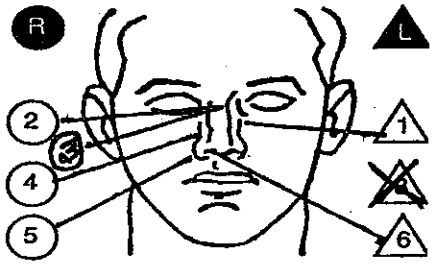
Internal clock: 55 — Est. as 30 seconds

Describe Turn: As instructed, Slow

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	1.5	2.0	1.5
Right	1.5	2.0	1.5

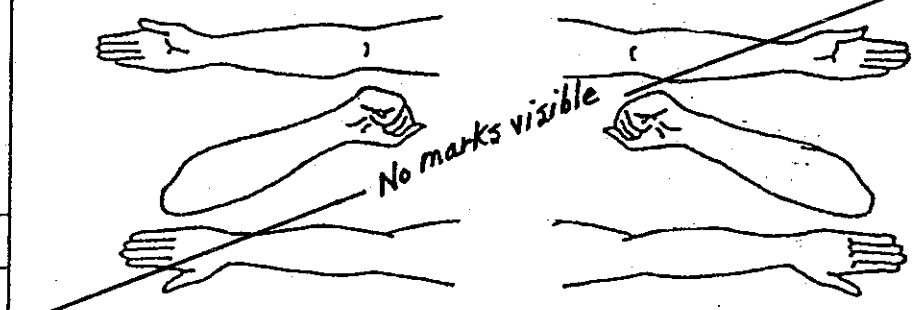
Oral cavity: Clear

Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Reaction to Light: Little to none visible

RIGHT ARM **LEFT ARM**



Blood pressure: 110 / 70

Temperature: 97.9 °f

Muscle tone: ☐ Near normal ☒ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? "Nothing." "I dont do drugs"

Time of use? "I didn't"

Where were the drugs used? (location) No answer

Date/Time of Arrest	Time DRE Notified	Evaluation Start Time	Time Completed
03/17/04 2130	2140	2200	2205

DRE signature (Include rank): Sgt. Tim Tomczak

ID # 999

Reviewed by: E Buffalo

Opinion of evaluator:

☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☒ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Sheehan, Thomas

1. **LOCATION:** The evaluation of Thomas Sheehan took place in the interview room at the Raleigh Police Department.

2. **WITNESSES:** The A/O; Sgt. Brandon Craft of the North Carolina Highway Patrol recorded the evaluation. Mr. Eddie Buffalo, the N.C. DRE State Coordinator witnessed.

3. **BREATH ALCOHOL TEST:** Sheehan had a 0.00% breath test result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was notified by radio to contact Sergeant Craft for a drug evaluation. Sergeant Craft advised the suspect was observed drifting in and out of his traffic lane and driving 20 mph under the posted speed on Highway 64. Sergeant Craft noted the suspect had poor coordination and had slow and deliberate movements. His speech was slow and slurred. His pupils were constricted. He performed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the Raleigh Police Department. He was sitting at the interview table scratching his face and appeared to be "on the nod." His voice was low, slow and raspy. His pupils were constricted and his eyelids were droopy. He stated he was cold.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 2" front to back and estimated 30 seconds in 55 seconds. Walk & Turn: Suspect lost his balance during the instructions, missed heel to toe, stopped walking and used his arms for balance. One Leg Stand: Suspect counted slowly, swayed, used his arms for balance and put his foot down. Finger to Nose: Suspect missed the tip of his nose on five of the six attempts and used the incorrect order as directed

8. **CLINICAL INDICATORS:** Suspect's pulse and blood pressure were below the normal ranges. His pupils were constricted with no visible reaction to light.

9. **SIGNS OF INGESTION:** None evident.

10. **SUSPECT'S STATEMENTS:** The suspect denied drug use.

11. **DRE'S OPINION:** In my opinion Sheehan is under the influence of a Narcotic Analgesic and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

13. **MISCELLANEOUS:** An empty bottle of OxyContin was located in the suspect's vehicle.

MID-COURSE REVIEW

A. Drugs, Drug Categories and the Drug Influence Evaluation

1. Define the word "drug".

2. Name the seven drug categories.

   a. Name the six subcategories of Depressants.
   b. Name three subcategories of Stimulants.
   c. Name two subcategories of Narcotics.

3. Identify the category for each of the listed drugs.

   a. Xanax
   b. Desoxyn
   c. Secobarbital
   d. Dilaudid
   e. Alprazolam
   f. Phenyl Cyclohexyl Peperidine
   g. Ecstasy
   h. ETOH
   i. Numorphan
   j. Psilocybin

4. List the twelve components of the Drug Influence Evaluation in the proper sequence.

   a. Demonstrate the Preliminary Examination.
   b. Demonstrate the Eye Examinations.
   c. Demonstrate the Administration of the Divided Attention Tests.
   d. Demonstrate the Vital Signs Examinations.
   e. Demonstrate the Darkroom Examinations.
   f. Demonstrate the Check for Muscle Tone and the inspection for Injection Sites.

5. Identify the category for each of the listed drugs.

   a. Demerol
   b. Cylert
   c. Chlordiazepoxide
   d. Ketamine
   e. Percodan
   f. Ritalin
   g. Isopropanol
   h. Bufotenine
   i. Thebaine
   j. Methaqualone

B. Eyes and Vital Signs

1. Name the three clues of Horizontal Gaze Nystagmus.

   a. Demonstrate the check for "Lack of smooth pursuit".
   b. Demonstrate the check for "Distinct and sustained nystagmus at maximum deviation".
   c. Demonstrate the check for "Angle of Onset".

2. Name the categories of drugs that will cause Horizontal Gaze Nystagmus.

   a. Name the categories that will cause Vertical Gaze Nystagmus.
   b. Demonstrate the check for Vertical Gaze Nystagmus.

3. Name the test that is always administered immediately after Vertical Gaze Nystagmus.

   a. Demonstrate the check for Lack of Convergence.
   b. Name the categories of drugs that usually will cause Lack of Convergence.

4. Name the lighting conditions under which we make estimations of pupil size.

   a. Demonstrate the room light pupil size estimation procedure.
   b. Demonstrate the near-total darkness procedure.
   c. Demonstrate the direct light procedure.
   d. Name the other things a DRE looks for while shining the light directly into the suspect's eye.
   e. How quickly must the pupil start to constrict if it is considered to exhibit normal reaction to light?
   f. Define Hippus.
   g. Define Rebound Dilation.

5. State the normal range of pupil sizes for the three lighting conditions.

   a. Define each of the listed terms.

      - Miosis
      - Mydriasis
      - Ptosis

   b. What kinds of drugs will cause dilation of the pupils?
   c. What kinds of drugs will cause constriction?

6. Identify the category for each of the listed drugs.

   a. Oxycodone
   b. Halcion
   c. Librium
   d. Peyote
   e. Darvon
   f. Preludin
   g. Diazepam
   h. Dexedrine
   i. Hycodan
   j. Xanax

7. Define "Pulse".

   a. Define "Pulse Rate".
   b. Define "Artery".
   c. Define "Vein".
   d. Identify the location of each listed pulse point.

      - o Radial
      - o Brachial
      - o Carotid

   e. Demonstrate a pulse measurement, using the left Radial pulse point.
   f. State the normal range of adult human pulse rate.
   g. Name the drug categories that usually cause elevated pulse rate.
   h. Name the drug categories that usually cause lowered pulse rate.

8. Define "Blood Pressure".

   a. How often does a person's blood pressure change?
   b. When does the blood pressure reach its highest value?
   c. When does the blood pressure reach its lowest value?
   d. Name the two medical instruments that are used to measure blood pressure.
   e. Name the sounds that we hear through the stethoscope when we make a blood pressure measurement.
   f. What does this "Hg" mean?
   g. In what units is blood pressure measured?
   h. Suppose that, at some particular instant, a person has a blood pressure of 120 mmHg. What does that "120 mmHg" mean?
   i. Name the types of drugs that usually cause a lowered blood pressure.
   j. Name the types of drugs that elevate blood pressure.
   k. State the meaning of each of the listed terms.

      - o Systolic
      - o Diastolic
      - o Bradycardia
      - o Tachycardia
      - o Hypertension
      - o Hypotension

   l. State the normal range of Systolic blood pressure.
   m. State the normal range of Diastolic blood pressure.
   n. Demonstrate the measurement of blood pressure.

C. Physiology

1. Define "Physiology".

2. What is the expression we use to remember the names of the ten major body systems?

   a. What is **M** for?
   b. What is **U** for?
   c. What is the first **R** for?
   d. What is **D** for?
   e. What is **E** for?
   f. What is the second **R** for?
   g. What is **S** for?
   h. What is **I** for?
   i. What is **N** for?
   j. What is **C** for?

3. State the word that means "dynamic balance involving levels of salts, water, sugars and other materials in the body's fluids".

4. Which artery carries blood from the heart to the lungs?

   a. What is unique about the Pulmonary Artery, compared to all other arteries?
   b. What are the Pulmonary Veins?
   c. What is unique about the Pulmonary Veins?

5. Name the various types of nerves.

   a. Sensory Nerves, carry messages to the brain.
   b. Motor Nerves, carry messages from the brain.
   c. Voluntary Nerves are motor nerves that carry messages to the muscles that we consciously control.
   d. Autonomic Nerves are motor nerves that carry messages to the muscles and organs we do not consciously control.
   e. Sympathetic Nerves are autonomic nerves that carry messages commanding the body to react to fear, stress, excitement, etc.
   f. Parasympathetic Nerves are Autonomic Nerves that carry messages to produce relaxed and tranquil activities.

6. Define each of the listed terms.

   a. Neuron
   b. Synapse
   c. Neurotransmitter
   d. Axon
   e. Dendrite

SESSION XVIII

PRACTICE: TEST INTERPRETATION

SESSION XVIII PRACTICE: TEST INTERPRETATION

Upon successfully completing this session the student will be able to:

- Analyze the results of a complete drug influence evaluation and identify the category or categories of drugs affecting the individual examined.
- Articulate the basis for the drug category identification.

The purpose of this session is to give you practice in interpreting the results of the drug influence evaluation. During this session, you will be reviewing exemplars with the entire class and later in small groups. During your analysis of the exemplars, utilize all of the information available, including the preliminary examination, eye examinations, psychophysical tests, vital signs, dark room and other evidence. Remember to base your opinion on the totality of the information provided.

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Don Harose	DRE No.: 1707	Rolling Log No.: 04-11-33	
Recorder/Witness: Lt. Doug Thooft, MSP	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 04-200114

Arrestee's Name (Last, First MI): Martinez, Juan M.	DOB: 5/20/50	Sex: M	Race: H	Arresting Officer (Name, ID No.): Sgt. Bryan Schafer, MPD

Date Examined/Time/Location: 2/22/04, 2330, Central Intake	Breath Results: ☐ Refused Instrument # 3669 0.00 %	Chemical Test ☐ Refused ☐ Urine ☒ Blood

Miranda Warning Given: ☒ Yes ☐ No By: Schafer	What have you eaten today? "Nothing"	When? N/A	What have you been drinking? How much? "Nothing" N/A	Time of last drink? N/A

Time now? No answer	When did you last sleep? No answer	How long? N/A	Are you sick or injured? ☐ Yes ☐ No "It's late"	Are you diabetic or epileptic? ☐ Yes ☐ No "Not sick"

Do you take insulin? ☐ Yes ☐ No "Not sick"	Do you have any physical defects? ☐ Yes ☐ No "Not sick"	Are you under the care of a doctor or dentist? ☐ Yes ☐ No No answer

Are you taking any medication or drugs? ☐ Yes ☐ No "Not sick"	Attitude: Non-responsive, passive Breath: Chemical odor	Coordination: Unsteady, Staggering Face: Blank stare

Speech: Slow, slurred	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☒ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time
1. 104 / 2340
2. 108 / 2356
3. 104 / 0010

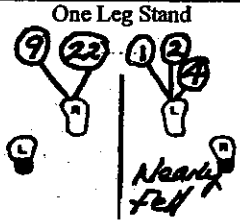
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	yes	yes
Angle of onset	30°	30°

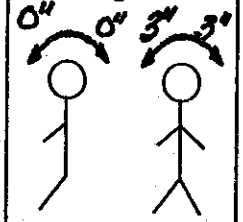
Vertical Nystagmus ☒ Yes ☐ No

Convergence (Right eye / Left eye)

One Leg Stand

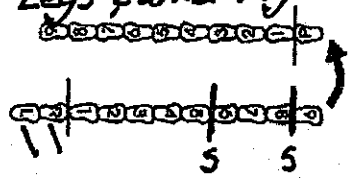


Romberg Balance



Walk and Turn test

"Moonwalking" Legs & arms rigid



Cannot keep balance	✓✓
Starts too soon:	

	1st Nine	2nd Nine
Stops walking	✓	
Misses heel to toe		
Steps off line		
Raises arms	✓✓✓	✓✓✓
Actual # steps		

L	R	Test stopped
☐	☑	Sways while balancing
☑	☐	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

Type of footwear: Athletic Shoes

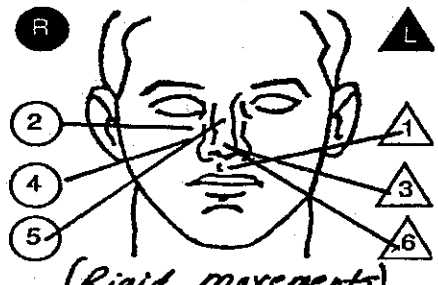
Internal clock: 33 Est. as 30 seconds

Describe Turn: Turned backwards, stopped for 10 seconds

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



(Rigid movements)

Pupil Size	Room Light	Darkness	Direct
Left	4.5	6.0	4.0
Right	4.5	6.0	4.0

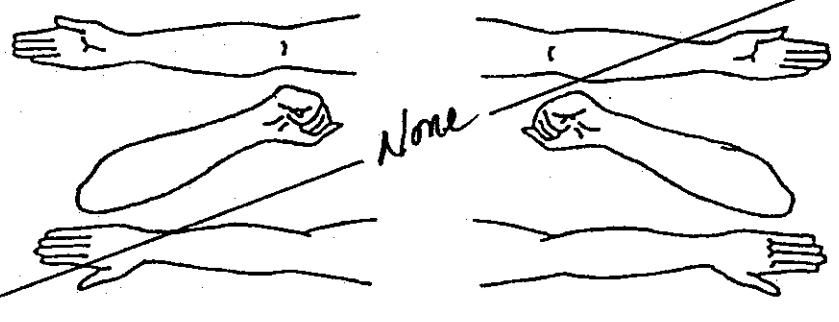
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Oral cavity: Clear

Reaction to Light: Normal

RIGHT ARM / LEFT ARM



Blood pressure: 140 / 90

Temperature: 99.4 °f

Muscle tone: ☐ Near normal ☐ Flaccid ☒ Rigid

Comments: Arms & Legs

What medication or drug have you been using?	How much?	Time of use?	Where were the drugs used? (location)
No answer	N/A	No Answer	No answer

Date/Time of Arrest	Time DRE Notified	Evaluation Start Time	Time Completed
2/22/04 2300	2315	2330	0015 2/23/04

DRE signature (include rank): Lt. D. Harose, MSP

ID #: 292

Reviewed by: Lt. D. Thooft, MSP

Opinion of evaluator:

☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Martinez, Juan M.

1. **LOCATION:** The evaluation of Juan Martinez was conducted at Central Intake at the Minneapolis Police Department.

2. **WITNESSES:** Lt. Doug Thooft of the Minnesota S.P. recorded the evaluation.

3. **BREATH ALCOHOL TEST:** The arresting officer, Sergeant Bryan Schafer of the Minneapolis Police Department administered a breath test to Martinez with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and requested to contact Sgt. Schafer at the Intake Center for a drug evaluation. Sergeant Schafer advised he had observed the suspect on the West River Parkway drifting over the lane divider line nearly hitting other vehicles. When stopped, the suspect appeared dazed and confused. He had a blank stare and was non-responsive at times. He did poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the Intake Center. He appeared dazed and disoriented. He had a fixed, blank stare and responded very slowly to questions. His speech was slow and slurred.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" side to side and estimated 30 seconds in 33 seconds. Walk & Turn: Suspect lost his balance twice during the instructions, stopped walking twice and used his arms for balance. One Leg Stand: Suspect put his foot down twice while standing on his left foot and nearly fell while attempting to stand on his right and the test was stopped. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts and his arm movements were very rigid.

8. **CLINICAL INDICATORS:** Suspect exhibited an early onset of Nystagmus. Vertical Gaze Nystagmus and Lack of Convergence were also present. The suspect's pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** There was a strong chemical odor on the suspect's breath.

10. **SUSPECT'S STATEMENTS:** The suspect did not respond to questions about drug use.

11. **DRE'S OPINION:** In my opinion Martinez is under the influence of a _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** A glass vial with an unknown liquid was found on the suspect.

DRUG INFLUENCE EVALUATION

Evaluator: Spec. Sam Ketchum, ISP	DRE No.: 9323	Rolling Log No.: 04-22	
Recorder/Witness: Sgt. Dean Matlock, ISP	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case #: 04-10-2214	

Arrestee's Name (Last, First MI): Groves, Robert G.	DOB: 8-10-77	Sex: M	Race: W	Arresting Officer (Name, ID No.): Ofc. Dave Cavanaugh, B.P.D.	
Date Examined/Time/Location: 10/15/04, 0100, Ada Co. Jail	Breath Results: ☐ Refused Instrument # 4410 0.00 %			Chemical Test ☐ Refused ☒ Urine ☐ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Ofc. Cavanaugh	What have you eaten today? Chicken	When? 6 pm	What have you been drinking? How much? Nothing N/A	Time of last drink? N/A	
Time now? About midnight	When did you last sleep? Last night	How long? 4 hrs.	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☒ Yes ☐ No Dr. Freeman			
Are you taking any medication or drugs? ☒ Yes ☐ No "Pain pills for my back"	Attitude: Cooperative	Coordination: Poor, wobbly, stumbling			
	Breath: Normal, Slow, Shallow	Face: Normal			
Speech: Slow, mumbling	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal		
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☐ Normal ☒ Droopy		

Pulse and time

1. 60 / 0110
2. 60 / 0127
3. 60 / 0137

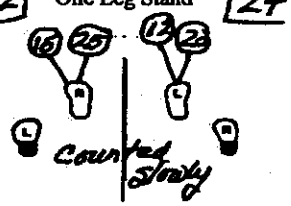
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

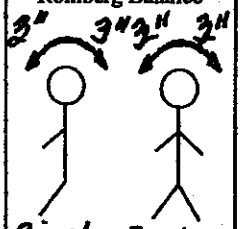
Vertical Nystagmus ☐ Yes ☒ No

Convergence: Right eye → ← Left eye

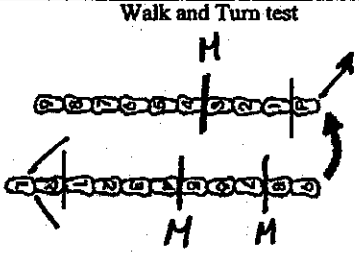
One Leg Stand 22 / 24



Romberg Balance



Walk and Turn test



Cannot keep balance: ✓✓

Starts too soon:

	1st Nine	2nd Nine
Stops walking		
Misses heel to toe	✓✓	✓
Steps off line		
Raises arms	✓✓✓	✓✓
Actual # steps	9	9

	L	R
Sways while balancing	✓✓	✓✓
Uses arms to balance	✓✓	✓✓
Hopping	☐	☐
Puts foot down	✓✓	✓✓

Type of footwear: Lace up boots

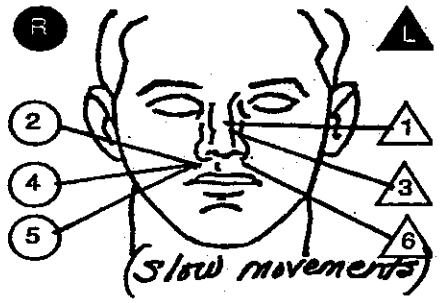
Internal clock: 33 — Est. as 30 seconds

Describe Turn: Lost balance, staggered to right

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	2.0	2.5	2.0
Right	2.0	2.5	2.0

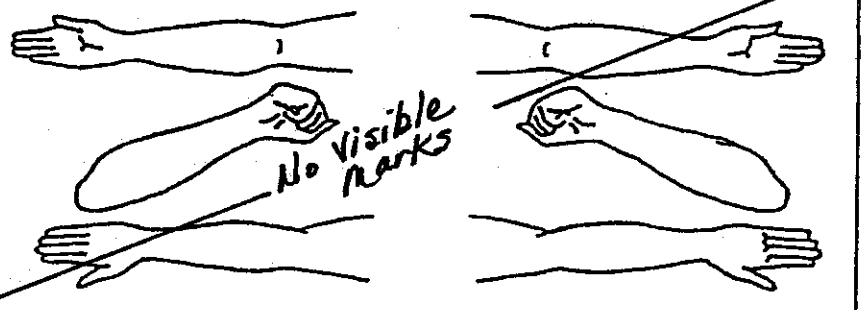
Oral cavity: Clear

Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Reaction to Light: None

RIGHT ARM **LEFT ARM**



Blood pressure: 106 / 64

Temperature: 97.8° f

Muscle tone: ☐ Near normal ☒ Flaccid ☐ Rigid

Comments: Arms & neck

What medication or drug have you been using? How much? "A couple of pills for my back"

Time of use? With dinner

Where were the drugs used? (location) Sharis

Date/Time of Arrest: 10/15/04 0040	Time DRE Notified: 0050	Evaluation Start Time: 0100	Time Completed: 1055
DRE Signature (Include rank): Spc Ketchum	ID #: 9323	Reviewed by: Sgt Dean Matlock, ISP	

Opinion of evaluator:

☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Hatos, Carlos

1. **LOCATION:** The evaluation of Carlos Hatos was conducted the DRE room at the Maricopa County Jail .

2. **WITNESSES:** Dan Mulleneaux, the State DRE Coordinator witnessed the evaluation.

3. **BREATH ALCOHOL TEST:** The arresting officer, Officer Jim Toland of the Phoenix Police Department administered a breath test to Hatos with a 0.04% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and requested to Meet Officer Toland at Maricopa County Jail for a drug evaluation. Officer Toland advised he had observed the suspect's vehicle traveling at a high rate of speed on East Camelback Road. When stopped, the suspect appeared nervous and was very talkative. The suspect did poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the DRE interview room at the Maricopa County Jail. The suspect was very talkative, repeatedly shifted his weight from foot to foot and was making abrupt hand movements. When not speaking, he appeared to be grinding his teeth. There was an odor of alcoholic beverage on the suspect's breath.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted and none stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" side to side and estimated 30 seconds in 20 seconds. Walk & Turn: Suspect lost his balance during the instructions, stopped twice while walking and used his arms for balance. One Leg Stand: Suspect put his foot down once while standing on his right foot, swayed while balancing and used his arms for balance. Finger to Nose: Suspect missed the tip of his nose on all six attempts and performed attempt #5 and #6 with the wrong finger.

8. **CLINICAL INDICATORS:** The suspect had a lack of smooth pursuit and a lack of convergence. His pulse and blood pressure were above the normal ranges. His pupils were dilated and he had a slow reaction to light.

9. **SIGNS OF INGESTION:** None were evident.

10. **SUSPECT'S STATEMENTS:** Suspect admitted drinking a glass of wine but denied using any other drugs.

11. **DRE'S OPINION:** In my opinion Hatos is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

DRUG INFLUENCE EVALUATION

Evaluator: Dpty. Greg Nottingham	DRE No.: 7023	Rolling Log No.: 2004-49	
Recorder/Witness: Dan Hulleneaux, P.P.D	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case #: 045699	

Arrestee's Name (Last, First MI): Hatos, Carlos	DOB: 7-13-70	Sex: M	Race: H	Arresting Officer (Name, ID No.): Jim Toland, Phoenix P.D.
Date Examined/Time/Location: 11/25/04, 2310, Maricopa Co. Jail	Breath Results: ☐ Refused Instrument #: 12835 0.04%			Chemical Test ☐ Refused ☒ Urine ☐ Blood
Miranda Warning Given: ☒ Yes ☐ No By: Toland	What have you eaten today? When? Steak dinner, 7PM	What have you been drinking? How much? Glass of wine, 1		Time of last drink? 8PM
Time now? 11 pm	When did you last sleep? How long? Last night, 8 hrs.	Are you sick or injured? ☐ Yes ☒ No		Are you diabetic or epileptic? ☐ Yes ☒ No
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No			Are you under the care of a doctor or dentist? ☐ Yes ☒ No

Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Cooperative, nervous	Coordination: poor, jerky, stumbling	
	Breath: Alcoholic beverage	Face: Normal	
Speech: Normal, Talkative	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time

1. 100 / 2340
2. 104 / 2349
3. 108 / 2358

HGN

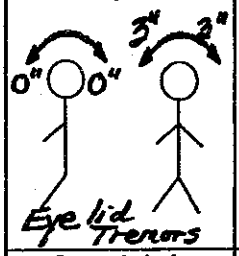
	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	No	No
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

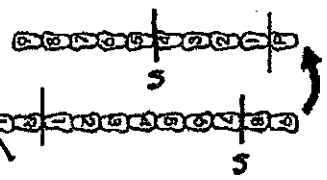
Convergence — Right eye / Left eye

One Leg Stand: 20

Romberg Balance



Walk and Turn test



Cannot keep balance

Starts too soon:

	1st Nine	2nd Nine
Stops walking	✓	✓
Misses heel to toe		
Steps off line		
Raises arms	✓✓	✓
Actual # steps	9	9

L	R	
✓	✓	Sways while balancing
✓✓	✓	Uses arms to balance
☐	☐	Hopping
☐	✓	Puts foot down

Type of footwear: Loafers

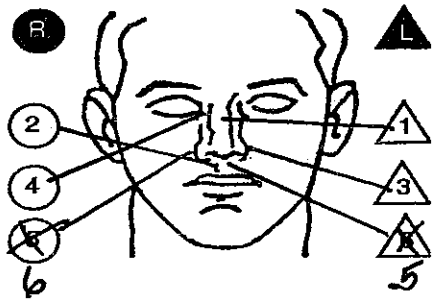
Internal clock: 20 — Est. as 30 seconds

Describe Turn: As instructed

Cannot do test (explain): N/A

Nasal area: Redness & ulcerations

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	6.0	8.5	5.5
Right	6.0	8.5	5.5

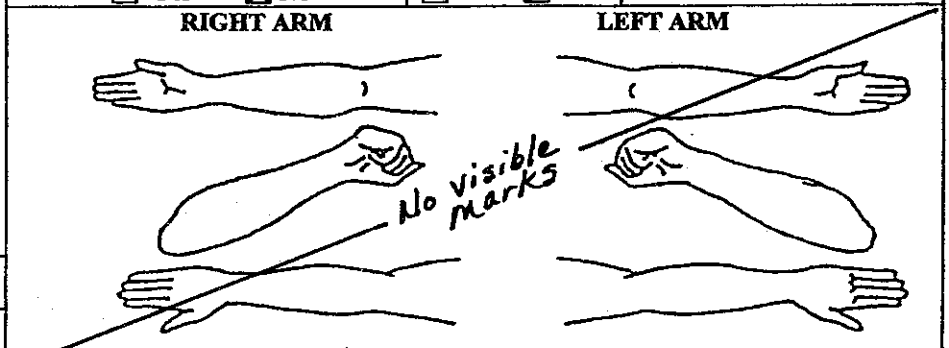
Hippus ☐ Yes ☒ No

Rebound dilation ☐ Yes ☒ No

Reaction to Light: Slow

Oral cavity: Clear

RIGHT ARM **LEFT ARM**



Blood pressure: 146 / 100

Temperature: 99.2 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? None

How much? N/A

Time of use? I didn't.

Where were the drugs used? (location) N/A

Date/Time of Arrest: 11/25/04 2230	Time DRE Notified: 2300	Evaluation Start Time: 2310	Time Completed: 2400
DRE signature (Include rank): Greg Nottingham, Deputy	ID #: 4417	Reviewed by: Sgt. JW Mangus.	

Opinion of evaluator:

☐ Rule Out ☐ Medical ☐ Alcohol ☐ CNS Depressant ☐ CNS Stimulant ☐ Hallucinogen ☐ Dissociative Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Hatos, Carlos

1. **LOCATION:** The evaluation of Carlos Hatos was conducted the DRE room at the Maricopa County Jail .

2. **WITNESSES:** Dan Mulleneaux, the State DRE Coordinator witnessed the evaluation.

3. **BREATH ALCOHOL TEST:** The arresting officer, Officer Jim Toland of the Phoenix Police Department administered a breath test to Hatos with a 0.04% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and requested to Meet Officer Toland at Maricopa County Jail for a drug evaluation. Officer Toland advised he had observed the suspect's vehicle traveling at a high rate of speed on East Camelback Road. When stopped, the suspect appeared nervous and was very talkative. The suspect did poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the DRE interview room at the Maricopa County Jail. The suspect was very talkative, repeatedly shifted his weight from foot to foot and was making abrupt hand movements. When not speaking, he appeared to be grinding his teeth. There was an odor of alcoholic beverage on the suspect's breath.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted and none stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" side to side and estimated 30 seconds in 20 seconds. Walk & Turn: Suspect lost his balance during the instructions, stopped twice while walking and used his arms for balance. One Leg Stand: Suspect put his foot down once while standing on his right foot, swayed while balancing and used his arms for balance. Finger to Nose: Suspect missed the tip of his nose on all six attempts and performed attempt #5 and #6 with the wrong finger.

8. **CLINICAL INDICATORS:** The suspect had a lack of smooth pursuit and a lack of convergence. His pulse and blood pressure were above the normal ranges. His pupils were dilated and he had a slow reaction to light.

9. **SIGNS OF INGESTION:** None were evident.

10. **SUSPECT'S STATEMENTS:** Suspect admitted drinking a glass of wine but denied using any other drugs.

11. **DRE'S OPINION:** In my opinion Hatos is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Paul Kotter, Utah H.P.	DRE No.: 10262	Rolling Log No.: 05-01-02	
Recorder/Witness: Ofc. Jody Whitaker, S.L.C.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 05-001784

Arrestee's Name (Last, First MI): Stevens, William A.	DOB: 4-14-84	Sex: M	Race: W	Arresting Officer (Name, ID No.): Ofc. John Beener, Salt Lake City PD	
Date Examined/Time/Location: 01/17/05, 2200 hrs, SALT LAKE CITY PD	Breath Results: ☐ Refused Instrument # 47745 .00 %			Chemical Test ☐ Refused ☐ Urine ☒ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Ofc. Beener	What have you eaten today?: "Burger"	When?: Noon	What have you been drinking? How much?: "Just water" N/A	Time of last drink?: N/A	
Time now?: 8 pm	When did you last sleep?: Last night	How long?: 2 hrs.	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No		Are you under the care of a doctor or dentist? ☐ Yes ☒ No		

Are you taking any medication or drugs? ☒ Yes ☐ No: Valium – 2 each day	Attitude: Cooperative	Coordination: Poor, staggering	
	Breath: Chemical odor	Face: Normal, Blank stare	
Speech: Thick, slurred, slow to respond	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☒ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time

1. 92 / 2210
2. 92 / 2225
3. 94 / 2235

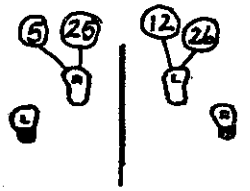
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	yes	yes
Angle of onset	30°	30°

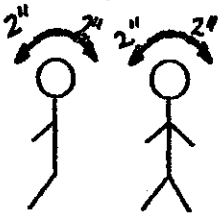
Vertical Nystagmus ☒ Yes ☐ No

Convergence: Right eye / Left eye

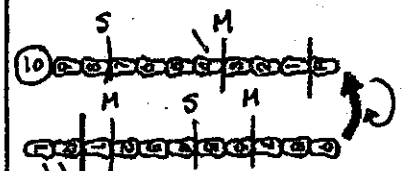
One Leg Stand



Romberg Balance



Walk and Turn test



Had to repeat instructions

Cannot keep balance	✓	✓
Starts too soon:		

	1st Nine	2nd Nine
Stops walking	✓	✓
Misses heel to toe	✓✓	✓
Steps off line		✓
Raises arms	✓✓	✓✓
Actual # steps	9	10

L	R	
✓✓	✓✓	Sways while balancing
✓	✓	Uses arms to balance
		Hopping
✓✓	✓✓	Puts foot down

Type of footwear: Boots

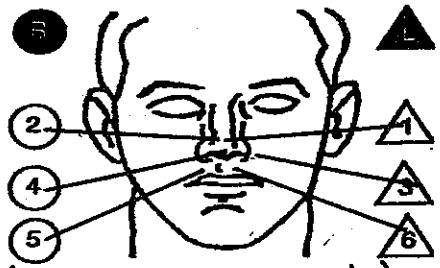
Internal clock: 46 Est. as 30 seconds

Describe Turn: Turned backwards

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



(Rigid arm movements)

Pupil Size	Room Light	Darkness	Direct
Left	4.0	6.0	4.0
Right	4.0	6.0	4.0

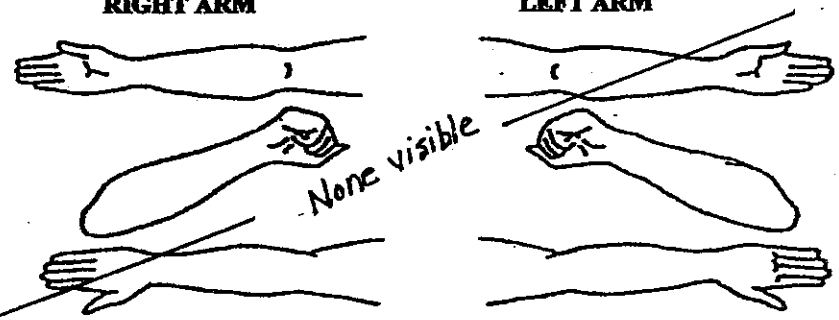
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Oral cavity: Clear

Reaction to Light: Slow

RIGHT ARM / **LEFT ARM**



Blood pressure: 144 / 100

Temperature: 99.0 °f

Muscle tone: ☐ Near normal ☐ Flaccid ☒ Rigid

Comments:

What medication or drug have you been using? How much?: "Just my pills" "2 a day"	Time of use?: 10 am	Where were the drugs used? (location): At home	
Date/Time of Arrest: 01/17/05, 2120 hrs.	Time DRE Notified: 2140	Evaluation Start Time: 2200	Time Completed: 2315
DRE Signature (include rank): Sgt. Paul Kotter	ID #: 10262	Reviewed by:	

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Stevens, William A.

1. **LOCATION:** The evaluation of William Stevens was conducted in the interview room at the Salt Lake City Police Department.

2. **WITNESSES:** Officer Jody Whitaker, a DRE with the Salt Lake City Police Department witnessed and recorded the evaluation.

3. **BREATH ALCOHOL TEST:** The arresting officer, Officer John Beener of the Salt Lake City Police Department administered a breath test to Stevens with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was on duty and requested to contact Officer Beener at the Salt Lake City Police Department for a drug evaluation. Officer Beener advised he had located the suspect's vehicle stopped in the intersection at California and S. 900th. He contacted the suspect who sitting in the driver's seat. He had a blank stare and his speech was thick and slow. The suspect appeared confused and disoriented. He did poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the P.D. The suspect was cooperative and had slow, thick, slurred speech. He was slow to respond to questions. His balance was poor and he staggered when walking.

6. **MEDICAL PROBLEMS AND TREATMENT:** The suspect indicated that he was seeing a doctor for stress.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 2" in a circular motion and he estimated 30 seconds in 46 seconds. Walk & Turn: Suspect lost his balance twice during the instructions, stepped off the line twice, missed heel to toe three times and used his arms for balance. He also made an improper turn, turning backwards. One Leg Stand: Suspect put his foot down twice on each attempt, swayed while balancing and used his arms for balance. Finger to Nose: Suspect missed the tip of his nose on five of the six attempts. His arm movements were slow and rigid.

8. **CLINICAL INDICATORS:** Suspect had six clues of Nystagmus and a Lack of Convergence. His pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had a chemical-like odor on his breath.

10. **SUSPECT'S STATEMENTS:** Suspect admitted taking two (2) Valium earlier in the day.

11. **DRE'S OPINION:** In my opinion Stevens is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

DRUG INFLUENCE EVALUATION

Evaluator: Ofc. Virgil Miller, Wichita PD	DRE No.: 10828	Rolling Log No.: 05-035	
Recorder/Witness: Det. Karrina Brasser, S.C.S.O	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case # 05-899105	

Arrestee's Name (Last, First MI): Jackson, Scott M.	DOB: 7-15-75	Sex: M	Race: W	Arresting Officer (Name, ID No.): Tpr. Mark Crump, K.H.P.

Date Examined/Time/Location: 3/18/05 2030 hrs. Sedgwick Co. Jail	Breath Results: ☐ Refused Instrument # 88075 .00 %	Chemical Test ☐ Refused ☐ Urine ☒ Blood

Miranda Warning Given: ☒ Yes ☐ No By: Tpr. Crump	What have you eaten today? Eggs & Toast	When? 9:00 am	What have you been drinking? How much? Coffee 2 Cups	Time of last drink? N/A

Time now? About midnight	When did you last sleep? Last night	How long? 7 hrs.	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No

Are you taking any medication or drugs? ☐ Yes ☒ No

Attitude: Passive, Cooperative	Coordination: Poor, unsteady
Breath: Halitosis	Face: Flushed, Blank stare

Speech: Slow, Low, Raspy	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☐ Normal ☒ Droopy

Pulse and time
1. 92 / 2038
2. 96 / 2051
3. 94 / 2103

HGN

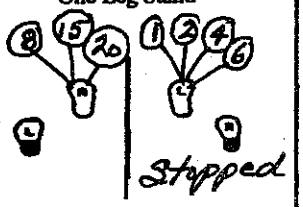
	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	yes	yes
Angle of onset	135°	135°

Vertical Nystagmus ☒ Yes ☐ No

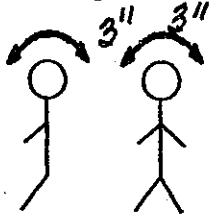
Convergence

Right eye Left eye

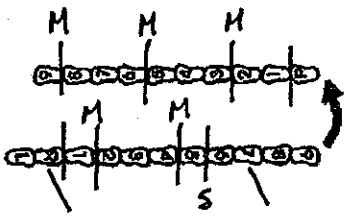
One Leg Stand



Romberg Balance



Walk and Turn test



Cannot keep balance	✓
Starts too soon:	✓

	1st Nine	2nd Nine
Stops walking	✓	
Misses heel to toe	✓✓	✓✓✓
Steps off line	✓	
Raises arms	✓✓	✓✓✓
Actual # steps	9	9

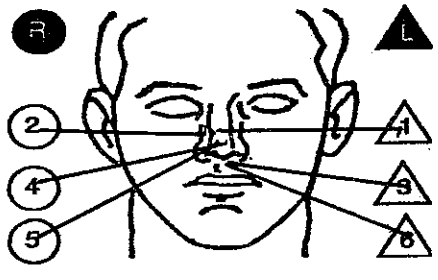
L	R	
✓✓✓	☑	Sways while balancing
✓✓✓	☐	Uses arms to balance
☐	☐	Hopping
✓✓✓	☑	Puts foot down

Type of footwear: Tennis shoes

Internal clock: 50 Est. as 30 seconds	Describe Turn: Abrupt spin, staggered	Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	2.0	2.5	2.0
Right	2.0	2.5	2.0

Oral cavity: Clear

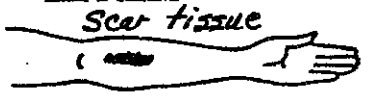
Hippus. ☐ Yes ☒ No

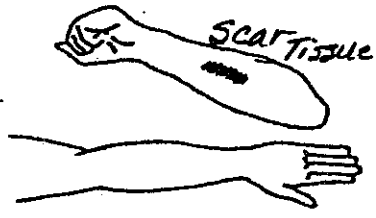
Rebound dilation ☐ Yes ☒ No

Reaction to Light: None visible

RIGHT ARM

LEFT ARM





Blood pressure: 130 / 90	Temperature: 98.9 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? "I didn't use" N/A	Time of use? N/A	Where were the drugs used? (location) N/A	
Date/Time of Arrest: 3/18/05 2010 hrs.	Time DRE Notified: 2020	Evaluation Start Time: 2030	Time Completed: 2125
DRE signature (include rank): Virgil Miller	ID #: 10828	Reviewed by:	

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Jackson, Scott M.

1. **LOCATION:** Evaluation was conducted in the interview room at the Sedgwick Co. Jail.

2. **WITNESSES:** Detective Karrina Brasser, a DRE with the Sedgwick County S.O. witnessed and recorded the evaluation.

3. **BREATH ALCOHOL TEST:** The arresting officer, Master Trooper Mark Crump of the Kansas Highway Patrol administered a breath test to Jackson with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and requested to contact M/Tpr. Crump at the Sedgwick County Jail for a drug evaluation. M/Tpr. Crump advised he located the suspect's vehicle traveling E/B on Highway 54 near the Garden Plain exit. The suspect was traveling at approximately 45 mph and drifting in and out of his lane. When M/Tpr. Crump tried to stop the suspect, he continued on for over a mile before stopping. The suspect had a blank stare and his speech was thick and slow. The suspect did poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the jail. He was cooperative and had slow, thick, raspy speech. He was slow to respond to questions and was very unstable on his feet.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" side to side and he estimated 30 seconds in 50 seconds. Walk & Turn: Suspect lost his balance during the instructions, stepped off the line, missed heel, stopped while walking and used his arms for balance. He also made an improper turn. One Leg Stand: Suspect put his foot down three times while standing on the left foot. After putting his foot down four times while standing on the right, the test was stopped. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts.

8. **CLINICAL INDICATORS:** Suspect had six clues of Nystagmus and VGN. He also had a lack of convergence. His pulse rates were above the normal range.

9. **SIGNS OF INGESTION:** The suspect had a fresh, oozing puncture mark on his right forearm.

10. **SUSPECT'S STATEMENTS:** Suspect denied using drugs.

11. **DRE'S OPINION:** In my opinion Jackson is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

DRUG INFLUENCE EVALUATION

Evaluator: Danny Lamm, CHP	DRE No.: 0926	Rolling Log No.: 04-06-25	
Recorder/Witness: Vaughn Gates, CHP	Crash: ☐ None ☒ Fatal ☐ Injury ☐ Property	Case # 04-717418	

Arrestee's Name (Last, First MI): Shelly, Cameron H.	DOB: 10-3-78	Sex: M	Race: W	Arresting Officer (Name, ID No.): Ofc. Tom Flahaven, CHP

Date Examined/Time/Location: 6/10/04, 1245 Sacramento Co. Jail	Breath Results: ☐ Refused Instrument # 015233A 0.00%	Chemical Test ☐ Refused ☐ Urine ☒ Blood

Miranda Warning Given: ☒ Yes ☐ No By: Flahaven	What have you eaten today? Nothing	When? N/A	What have you been drinking? How much? "I didn't drink anything"	Time of last drink? N/A

Time now? "Don't know"	When did you last sleep? How long? "About 2 days ago"	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No "Um... Not yet"	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No "I don't go to the doctor"

Are you taking any medication or drugs? ☒ Yes ☐ No "I took some Tylenol this morning."	Attitude: Cooperative, Slow to respond	Coordination: Slow, shakey	
	Breath: Normal	Face: Normal	
Speech: Low, slow, slurred at times	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☒ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☐ Equal ☒ Unequal (explain) Left larger (2mm)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time
1. 120 / 1248
2. 120 / 1305
3. 120 / 1345

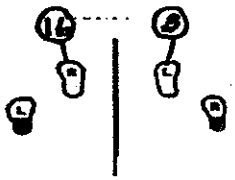
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

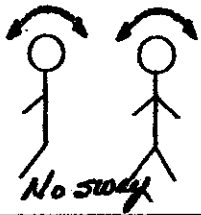
Vertical Nystagmus ☐ Yes ☒ No

Convergence: Right eye / Left eye

One Leg Stand

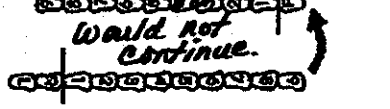


Romberg Balance



Walk and Turn test

Stated "This is impossible." Stepped off line and would not continue.



Cannot keep balance
Starts too soon:

	1st Nine	2nd Nine
Stops walking		
Misses heel to toe	Case	
Steps off line		
Raises arms		
Actual # steps		

L	R	
☑	☑	Sways while balancing
☐	☐	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

Type of footwear: Work Boots

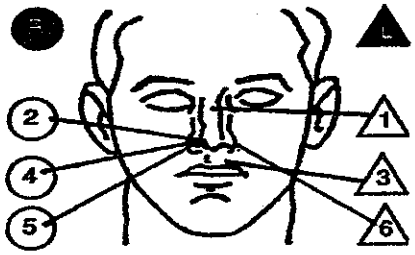
Internal clock: 15 Est. as 30 seconds

Describe Turn: N/A

Cannot do test (explain): Refused to complete

Nasal area: clear

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	3.5	7.3	5.0
Right	3.6	5.5	3.0

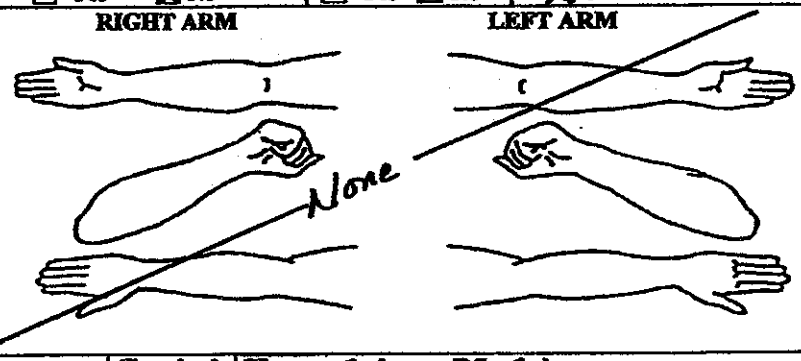
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Oral cavity: clear

Reaction to Light: Normal

RIGHT ARM **LEFT ARM**



Blood pressure: 160 / 80	Temperature: 99.0°f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? "Just two Tylenol"	Time of use? This morning	Where were the drugs used? (location) Home	
Date/Time of Arrest: 6/10/04 1230	Time DRE Notified: 1240	Evaluation Start Time: 1245	Time Completed: 1345
DRE signature (Include rank): Danny Lamm, CHP	ID #: 0926	Reviewed by: Sgt. Helena Williams, CHP	

Opinion of evaluator:
☒ Rule Out ☐ Medical ☐ Alcohol ☐ CNS Depressant ☐ CNS Stimulant ☐ Hallucinogen ☐ Dissociative Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Sholly, Cameron H.

1. **LOCATION:** The evaluation of Cameron Sholly was conducted in the interview room at the Sacramento County Jail.

2. **WITNESSES:** Officer Vaughn Gates, a DRE Instructor with the California Highway Patrol witnessed and recorded the evaluation.

3. **BREATH ALCOHOL TEST:** Officer Tom Flahaven of the C.H.P. administered a breath test to Sholly with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was on-duty and requested to meet Officer Flahaven at the Sacramento County Jail for a drug evaluation. According to Officer Flahaven, Sholly was a driver involved in a fatal crash on I-5 north of Sacramento. His vehicle struck a stopped vehicle from behind at a construction site. Sholly was acting very strange at the scene and was slow to respond to questions. His speech was slow and slurred at times and he was unstable on his feet.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed Sholly in the interview room at the jail. He was cooperative and appeared stable. He was slow to respond to questions and he slurred his speech at times. He seemed confused and anxious.

6. **MEDICAL PROBLEMS AND TREATMENT:** Sholly was slow to respond when asked about medical problems and/or medical treatment. He eventually stated, "I don't go to the doctor."

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Sholly exhibited no sway and he estimated 30 seconds in 15 seconds. Walk & Turn: Sholly refused to do the test stating "This is impossible!" One Leg Stand: Sholly put his foot down one time while standing on each foot and swayed while balancing. Finger to Nose: Sholly missed the tip of his nose on all three attempts with the left hand and touched the end of his nose as directed with all three right hand attempts.

8. **CLINICAL INDICATORS:** Sholly's pulse and systolic blood pressure were above the normal range. His pupils were unequal in all three lighting levels.

9. **SIGNS OF INGESTION:** None were evident or stated.

10. **SUSPECT'S STATEMENTS:** Sholly admitted taking Tylenol only.

11. **DRE'S OPINION:** In my opinion Sholly is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** Sholly provided a blood sample.

SESSION XIX

INHALANTS

SESSION XIX INHALANTS

Upon successfully completing this session the student will be able to:

- Explain a brief history of the Inhalant category of drugs.
- Identify common drug names and terms associated with this category.
- Identify common methods of administration for this category.
- Describe the symptoms, observable signs and other effects associated with this category.
- Describe the typical time parameters, i.e. onset and duration of effects, associated with this category.
- State the clues that are likely to emerge when the drug evaluation and classification process is conducted for a person under the influence of this drug category.
- Correctly address the "topics for study" questions at the end of this session.

A. Overview of Inhalants

Inhalants include a wide variety of breathable chemicals that produce mind altering results. These substances are readily available in many households and can be purchased easily. Inhalants are sometimes called deliriants, in that they may produce delirium. Delirium is usually a brief state characterized by incoherent excitement, confused speech, restlessness and possible hallucinations. Depending on the nature of the particular Inhalant, the effects produced may be similar to those of stimulants, depressants, or hallucinogens.

There are three major subcategories of Inhalants: volatile solvents, aerosols and anesthetic gases.

The volatile solvents include a large number of readily available substances, none of which is intended by the manufacturer to be used as a drug. One of the most widely abused volatile solvents is plastic cement, or "model airplane glue". Plastic model cement includes the following volatile chemicals: toluene, acetone, naphtha, aliphatic acetates, hexane, cyclohexane, and benzene. Other frequently abused volatile solvents include: paint, gasoline, paint thinners, dry cleaning fluids, typewriter correction fluid, engine degreasers, spray paint, and fingernail polish removers.

The aerosols are chemicals discharged from a pressurized container by the propellant force of a compressed gas. Commonly abused aerosols include hair sprays, deodorants, insecticides, freon, glass chillers and vegetable frying pan lubricants. Abused aerosols contain various hydrocarbon gases that produce drug effects.

The majority of abusers of volatile solvents and aerosols are pre-teens and teenagers. Males still outnumber females in abusing these substances.

The third subcategory, the anesthetic gases, includes substances that are less frequently abused than are volatile solvents or aerosols. The anesthetic gases are drugs that abolish pain, and they are used medically for that purpose during surgery. Anesthetic gases that are sometimes abused include ether, chloroform, nitrous oxide, amyl nitrite, butyl nitrite, and isobutyl nitrite. Adults may be more frequent users of the anesthetic gases.

There is an important distinction between the anesthetic gases and the other two subcategories of Inhalants. The volatile solvents and the aerosols usually cause elevated blood pressure. But the anesthetic gases usually cause blood pressure to become lower than normal. Apparently, this is due to the fact that the anesthetic gases restrict the pumping action of the heart making the blood pressure drop.

Pulse rate, however, usually is increased by all three subcategories of Inhalants.

Some Inhalant users prefer to put their Inhalants in a plastic bag, others soak rags or socks and then sniff the fumes. Many abusers use everyday items such as aluminum cans, balloons or other containers in an attempt to conceal their use and concentrate the fumes. Some common street names that Inhalant users use are, "Huffing", "Hacking", "Ballooning" and "Glading".

B. Possible Effects of Inhalants

The effects of Inhalants vary from one substance to another. Common effects include:

- altered shapes and colors
- antagonistic behavior
- bizarre thoughts
- distorted perceptions of time and distance
- dizziness and numbness
- drowsiness and weakness
- euphoria and grandiosity
- floating sensation
- inebriation similar to alcohol intoxication
- intense headaches
- light-headedness
- nausea and excessive salivation
- possible hallucinations

In general, persons under the influence of Inhalants will appear confused and disoriented. Their speech usually will be slurred.

C. Onset and Duration of Inhalants' Effects

Inhalants' effects are felt virtually immediately. However, the duration of effects depends on the substance used. For example, glue, paint, gasoline and other commonly abused Inhalants usually produce effects that last from several minutes, up to eight hours depending on the substances abused and the duration of abuse. Nitrous oxide's effects typically last 5 minutes or less. The effects of amyl nitrite and butyl nitrite last from a few seconds to up to 20 minutes.

D. Signs and Symptoms of Inhalant Overdose

Some Inhalants will depress the central nervous system to the point where respiration ceases. Others can cause heart failure. Some Inhalant overdoses induce severe nausea and vomiting, and the unconscious user may drown in his or her own vomit. Others using bags to get high may pass out then suffocate with a bag over their face. Thus, there is a significant risk of death due to Inhalant abuse.

There is evidence that long term Inhalant abuse can cause:

- permanent damage to the central nervous system
- liver damage
- kidney damage
- bone and bone marrow damage
- greatly reduced mental and physical abilities

E. Expected Results of the Evaluation

When a person under the influence of Inhalants is examined by a drug recognition expert, the following results generally will be found.

Horizontal Gaze Nystagmus - present.

Vertical Gaze Nystagmus - present, high dose for that particular individual.

Lack of Convergence - present.

Romberg - subjects will exhibit impairment and will tend to sway when performing this test.

Walk and Turn - subjects will exhibit impairment and will often take slow deliberate steps and will commonly stagger.

One Leg Stand - subjects will exhibit impairment and will tend to sway when performing this test.

Finger To Nose - subjects will exhibit impairment and will tend to sway when performing this test.

Pulse rate - up.

Blood pressure - up or down. Volatile Solvents and Aerosols usually will cause elevated blood pressure, while Anesthetic Gases usually will lower the blood pressure.

Temperature - up, down or normal depending on the substance.

Pupil size - normal, but may be dilated with certain specific Inhalants (anesthetic gases).

Pupil's reaction to light - slow.

Muscle tone - flaccid or normal (Anesthetic Gases may cause muscles to be flaccid)

General Indicators:

- bloodshot, watery eyes
- confusion
- disoriented
- flaccid or normal muscle tone
- flushed face
- intense headaches
- lack of muscle control
- non-communicative
- odor of the inhaled substance
- possible nausea
- residue of substance around face, nose, hands or clothing
- slow, thick, slurred speech

Topics for study

1. What are the three major subcategories of Inhalants?

2. What are some of the principal active ingredients in many volatile substances?

3. In what important respect do the effects of Anesthetic Gases differ from the effects of Volatile Solvents and Aerosols?

4. Does any of the subcategories of Inhalants cause pulse rate to decrease?

5. The effects of Amyl Nitrite and Butyl Nitrite last from a few seconds to up to _____ minutes.

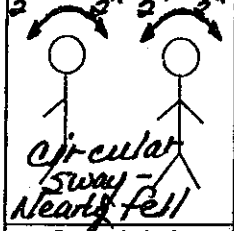
DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Craig Porter	DRE No. 3102	Rolling Log No. 04-12-16	
Recorder/Witness: Sgt. Russ Belz, Story Co. S.O.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case # 04-12859	

Arrestee's Name (Last, First MI): Mashburn, Cathy	DOB: 9-01-84	Sex: F	Race: W	Arresting Officer (Name, ID No.): Dpty. Dan Grimm, Polk Co. S.O.	
Date Examined/Time/Location: 12/07/04, 2000 Polk Co. Jail	Breath Results: ☐ Refused Instrument # 16670 0.00 %			Chemical Test ☐ Refused ☒ Urine ☐ Blood	
Miranda Warning Given: ☒ Yes ☐ No By: Dpty. Grimm	What have you eaten today? Pizza	When? After Work	What have you been drinking? How much? Couple of wine coolers"	Time of last drink? 7 pm.	
Time now? About 8 pm	When did you last sleep? Last night	How long? 7 hrs.	Are you sick or injured? ☒ Yes ☐ No I feel dizzy"	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No			
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Cooperative, slow to respond	Coordination: Poor, staggering at times			
	Breath: Gas type odor	Face: Flushed			
Speech: Slow, slurred	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☒ Bloodshot ☒ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal		
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy		

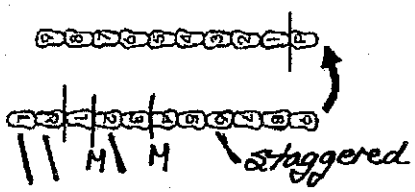
Pulse and time: 1. 100 / 2015 2. 100 / 2024 3. 96 / 2036	HGN: Lack of smooth pursuit; Maximum deviation; Angle of onset	Left Eye: yes; yes; 35°	Right Eye: yes; yes; 35°
Vertical Nystagmus ☐ Yes ☒ No	Convergence: Right eye ✓ Left eye ✓	One Leg Stand: Test Stopped	

Romberg Balance



Walk and Turn test

Test Stopped



	1st Nine	2nd Nine
Cannot keep balance	✓✓	
Starts too soon:		
Stops walking		
Misses heel to toe	✓✓	
Steps off line	✓✓✓	
Raises arms		
Actual # steps	6	

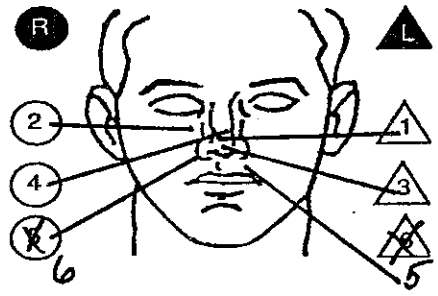
L	R	
☒	☐	Sways while balancing
☒	☐	Uses arms to balance
☐	☐	Hopping
☒	☐	Puts foot down

Type of footwear: Athletic shoes

Internal clock: 19 Est. as 30 seconds	Describe Turn: N/A	Cannot do test (explain): Stopped - nearly fell

Nasal area: Runny nose Gas-like odor

Draw lines to spots touched



Pupil Size	Room Light	Darkness	Direct
Left	5.0	6.5	4.6
Right	5.0	6.2	4.5

Oral cavity: Gas-like odor

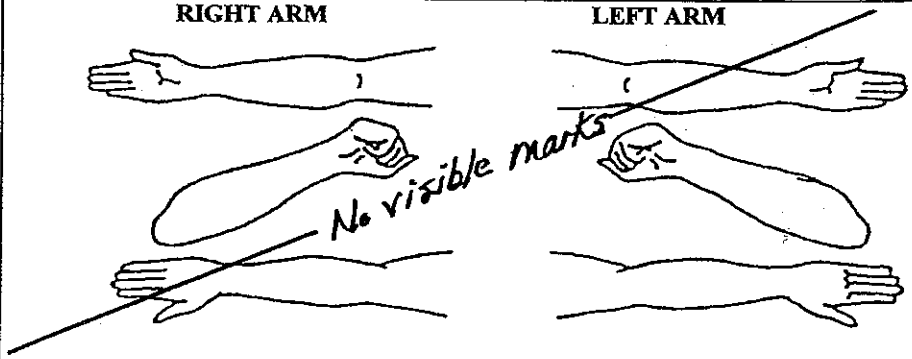
Hippus ☐ Yes ☒ No | Rebound dilation ☐ Yes ☒ No | Reaction to Light: Normal

Blood pressure: 146/104	Temperature: 98.8 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

RIGHT ARM **LEFT ARM**



What medication or drug have you been using? How much? I dont do drugs"

Time of use? Refused

Where were the drugs used? (location) Refused

Date/Time of Arrest: 12/07/04 1945	Time DRE Notified: 1955	Evaluation Start Time: 2000	Time Completed: 2050
DRE Signature (Include rank): Craig Porter, Sgt	ID #: 282	Reviewed by: [illegible] Becker	

Opinion of evaluator:

☐ Rule Out	☒ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☒ Inhalant
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Mashburn, Cathy

1. **LOCATION:** The evaluation of Cathy Mashburn was conducted at the Polk County Jail.

2. **WITNESSES:** The evaluation was witnessed and recorded by Sergeant Russ Belz of the Story County Sheriff's Office.

3. **BREATH ALCOHOL TEST:** The arresting officer, Deputy Dan Grimm of the Polk County S.O. administered a breath test to Mashburn with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was notified by radio to contact Deputy Grimm at the Polk County Jail for a drug evaluation. Deputy Grimm advised he arrested Mashburn after observing her pull out in front of oncoming traffic nearly causing a crash. The suspect was cooperative but slow to respond to questions. She performed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the jail. Her speech was slow and slurred. She had poor coordination, staggering at times. Her eyes were watery and bloodshot.

6. **MEDICAL PROBLEMS AND TREATMENT:** The suspect stated she felt dizzy.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: The suspect had an approximate 3" circular sway and she estimated 30 seconds in 19 seconds. Walk & Turn: The suspect lost her balance twice during the instructions, staggered, nearly fell and the test was stopped. One Leg Stand: After putting her foot down three times and nearly falling, the test was stopped. Finger to Nose: The suspect was allowed to sit down for the test for safety reasons. She touched the tip of her nose on one of the six attempts. She also used the wrong hand on attempts #5 and #6.

8. **CLINICAL INDICATORS:** The suspect had six clues of HGN and a Lack of Convergence. Her pulse and blood pressure were below the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had a runny nose, bloodshot and watery eyes. She also had a gas-like odor on her breath and clothing.

10. **SUSPECT'S STATEMENTS:** Suspect admitted drinking a "couple of wine coolers" but denied using any other substances.

11. **DRE'S OPINION:** In my opinion Mashburn is under the influence of an Inhalant and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Gerry Britt, Y.P.D.	DRE No.: 5479	Rolling Log No.: 04-07-15	
Recorder/Witness: Sgt. Don Decker, M.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case # 04-79961	

Arrestee's Name (Last, First MI): Graves, James L.	DOB: 6-08-88	Sex: M	Race: W	Arresting Officer (Name, ID No.): Sgt. Deb Batista, Middleboro P.D.

Date Examined/Time/Location: 07/02/04, 2200 Middleboro P.D.	Breath Results: ☐ Refused Instrument # 77880 0.00%	Chemical Test ☐ Refused ☐ Urine ☒ Blood

Miranda Warning Given: ☒ Yes ☐ No By: Sgt. Batista	What have you eaten today? Hamburger	When? 6 pm	What have you been drinking? How much? Coke N/A	Time of last drink? N/A

Time now? About 10 pm	When did you last sleep? Last night	How long? 6 hrs.	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No

Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Cooperative	Coordination: Poor, unsteady, barely stand	
	Breath: Paint/Chemical odor	Face: Paint residue on lips and chin	
Speech: Slurred, mumbling	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☒ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time

1. 104 / 2210
2. 102 / 2224
3. 104 / 2240

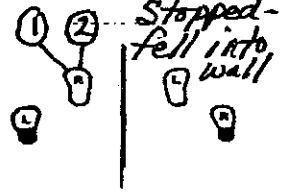
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	Yes	Yes
Maximum deviation	Yes	Yes
Angle of onset	30°	30°

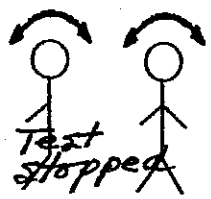
Vertical Nystagmus ☐ Yes ☒ No

Convergence — Right eye / Left eye

One Leg Stand

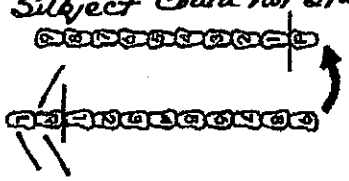


Romberg Balance



Walk and Turn test

Test Stopped - Subject could not Stand



	1st Nine	2nd Nine
Cannot keep balance	VVV	
Starts too soon:		
Stops walking		
Misses heel to toe		
Steps off line	Stopped	
Raises arms		
Actual # steps		

L	R	
☐	☐	Sways while balancing
☐	☐	Uses arms to balance
☐	☐	Hopping
☑	☐	Puts foot down

Type of footwear: Athletic shoes

Internal clock: N/A (Est. as 30 seconds)

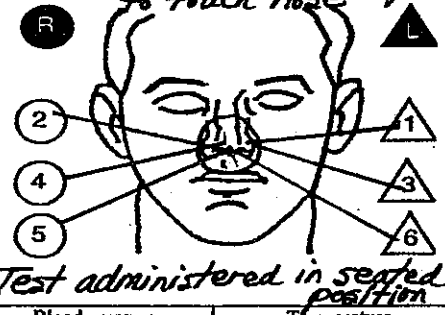
Describe Turn: N/A

Cannot do test (explain): Unable to stand heel-toe

Nasal area: Paint on upper lip

Draw lines to spots touched

(Used palm of hand to touch nose)



Test administered in seated position

Pupil Size	Room Light	Darkness	Direct
Left	4.0	6.5	3.5
Right	4.0	6.5	3.5

Oral cavity: Odor of paint

Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

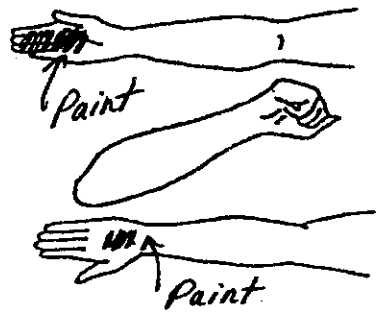
Reaction to Light: Normal

Blood pressure: 140 / 100	Temperature: 98.6° f

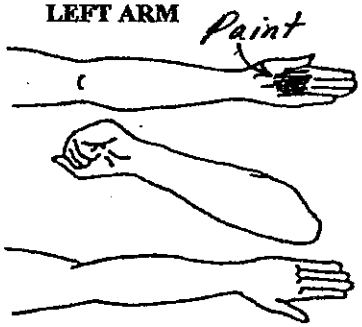
Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

RIGHT ARM



LEFT ARM



What medication or drug have you been using?	How much?	Time of use?	Where were the drugs used? (location)
"I huffed some Gold"	"Not much"	8 pm	In the park

Date/Time of Arrest: 07/02/04 2130	Time DRE Notified: 2145	Evaluation Start Time: 2200	Time Completed: 2230
DRE Signature (Include rank): Gerry Britt, Sgt.	ID #: 818	Reviewed by: Sgt D. Decker	

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☒ Inhalant
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Graves, James L.

1. **LOCATION:** The evaluation of James Graves was conducted in the interview room at the Middleboro Police Department.

2. **WITNESSES:** The evaluation was witnessed and recorded by Sgt. Don Decker of the Marblehead Police Department.

3. **BREATH ALCOHOL TEST:** The arresting officer, Sgt. Deb Batista of the Middleboro Police Department administered a breath test to Graves with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to contact Sgt. Batista for a drug evaluation. Sgt. Batista advised she arrested Graves for DUI after observing him fail to stop at a red traffic light at Main and Wareham Street. The suspect was cooperative but appeared dazed. He performed poorly on the SFST's. A can of Krylon gold spray paint was located in the front seat of the suspect's vehicle along with paint soaked rags.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the P.D. He appeared passive and dazed. He had very poor coordination and balance. Gold paint smears were visible on his hands and face.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: The suspect was unable to perform the test and it was stopped for safety reasons. Walk & Turn: The suspect lost his balance three times and the test was stopped for safety reasons. One Leg Stand: The suspect put his foot down twice while standing on the left foot. He was unable to perform the test when attempting to stand on the right foot and the test was stopped. Finger to Nose: The suspect was allowed to sit down for this test. He used the palm of his hands and touched in the general area of his nose.

8. **CLINICAL INDICATORS:** The suspect had six clues of HGN and a Lack of Convergence. His pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** Paint-like odor on his breath. Paint smears on hands and face.

10. **SUSPECT'S STATEMENTS:** Suspect admitted "huffing" some gold paint in the park.

11. **DRE'S OPINION:** In my opinion Graves is under the influence of an Inhalant and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

SESSION XX

PRACTICE: VITAL SIGNS EXAMINATIONS

SESSION XX PRACTICE: VITAL SIGNS EXAMINATIONS

Upon successfully completing this session the student will be able to:

- Conduct examinations of pulse, blood pressure and temperature.
- Describe the vital signs examination procedures.
- Document the results of the vital signs examinations.

In this session, you will have opportunities to practice taking measurements of pulse, blood pressure and temperature. You will work in a team with two or three students, taking turns measuring these vital signs on each other. When it is not you turn to serve either as the test administrator or the test subject, you should closely observe your teammate who is administering the examinations and offer any coaching that seems appropriate.

In preparation for this session, make sure you can do the following:

- Locate the radial, brachial and carotid artery pulse points.
- Position the blood pressure cuff properly on a subject's arm.

VITAL SIGNS EXAMINATIONS DATA SHEET

EXAMINER'S NAME ______________________________

DATE _______ / _______ / _______

<u>PULSE MEASUREMENTS</u>

SUBJECT'S NAME ______________

TIME ______________

PULSE POINT USED ______________

BEATS PER MINUTES ______________

SUBJECT'S NAME ______________

TIME ______________

PULSE POINT USED ______________

BEATS PER MINUTES ______________

SUBJECT'S NAME ______________

TIME ______________

PULSE POINT USED ______________

BEATS PER MINUTES ______________

<u>BLOOD PRESSURE MEASUREMENTS</u>

SUBJECT'S NAME ______________

TIME ______________

SYSTOLIC ______________

DIASTOLIC ______________

SUBJECT'S NAME ______________

TIME ______________

SYSTOLIC ______________

DIASTOLIC ______________

SUBJECT'S NAME ______________

TIME ______________

SYSTOLIC ______________

DIASTOLIC ______________

SESSION XXI

CANNABIS

SESSION XXI CANNABIS

Upon successfully completing this session the student will be able to:

- Explain a brief history of Cannabis.
- Identify common names and terms associated with Cannabis.
- Identify common methods of administration for Cannabis.
- Describe the symptoms, observable signs and other effects associated with Cannabis.
- Describe the typical time parameters, i.e. onset and duration of effects, associated with Cannabis.
- List the clues that are likely to emerge when the drug influence evaluation is conducted for a person under the influence of this drug category.
- Correctly answer the "topics for study" questions at the end of this session.

A. Overview of Cannabis

"Cannabis" is the category of drugs that derive primarily from various species of Cannabis plants. Two species that supply much of the abused Cannabis are Cannabis Sativa and Cannabis Indica. Some jurisdictions as well as botanists don't recognize Cannabis Indica as a separate species. The active ingredient in these drugs is:

Delta-9 Tetrahydrocannabinol
(abbreviated Δ-9 THC, or simply "THC")

THC is found principally in the leaves and flowers of the plant, rather than the stems or branches. Different varieties of Cannabis plants have different concentrations of THC. A variety that has a relatively high concentration of THC is the Sinsemilla (the unfertilized female) plant, a type of Cannabis Sativa having very tiny seeds. ("Sinsemilla" is a Spanish expression for "without seeds".)

Cannabis has some limited medical applications. It lowers intra-ocular pressure, and can be helpful for glaucoma patients. It suppresses nausea, and sometimes is recommended for cancer patients to relieve the nausea that accompanies chemotherapy.

There are four principal forms of the drug Cannabis.

Marijuana consists of the dried leaves of the plant.

Hashish is a form of cannabis made from the dried and pressed resin of a marijuana plant.

Hashish oil is sometimes referred to as "marijuana oil" it is a highly concentrated syrup-like oil extracted from marijuana. It is normally produced by soaking marijuana in a container of solvent, such as acetone or alcohol for several hours and after the solvent has evaporated, a thick syrup-like oil is produced with a THC content usually 10% to 12%.

Marinol (also known as Dronabinol) is a synthetic form of THC that is not derived from Cannabis plants. Marinol is a prescriptive drug. It is sometimes administered to cancer patients to suppress the nausea that may accompany chemotherapy. Nabilone is a synthetic form of THC and is used as an anti-vomiting agent.

Potency, Purity and Dose

THC is the major psychoactive constituent of Cannabis. Potency is dependant on THC concentration and is usually expressed as % THC per dry weight of material. Average THC concentration in marijuana is 1-5%, hashish 5-15%, and hashish oil ≥

10-12%. The form of marijuana known as sinsemilla is derived from the unpollinated female cannabis plant and is preferred for its high THC content (ranging from 15% and higher). Recreational doses are highly variable. A single intake of smoke from a pipe or joint is called a hit (approximately 1/20th of a gram). The lower the potency or THC content the more hits are needed to achieve the desired effects; 1-3 hits of high potency Sinsemilla is typically enough to produce the desired effects. In terms of its psychoactive effect, a drop or two of hash oil on a cigarette is equal to a single "joint" of marijuana. Medically, the initial stating dose of Marinol is 2.5 mg, twice daily.

Marijuana usually is smoked. Marijuana, hashish and hash oil also can be taken orally, e.g., baked in cookies or brownies and eaten. Marinol is taken orally.

B. Possible Effects of Cannabis

Cannabis interferes with a person's ability or willingness to pay attention. People under the influence of marijuana do not divide their attention very well. When driving, they may attend to certain parts of the driving task but ignore other parts. For example, they may continue to steer the car but ignore stop signs, traffic lights, etc.

Pharmacological effects of marijuana vary with dose, route of administration, experience of user, vulnerability to psychoactive effects, and setting of use. At recreational doses, effects may include relaxation, euphoria, relaxed inhibitions, sense of well-being, disorientation, altered time and distance perception, lack of concentration, impaired learning and memory, alterations in thought formation and expression, drowsiness, sedation, mood changes such as panic reactions and paranoia, and a more vivid sense of taste, sight, smell, and hearing. Stronger doses intensify reactions and may cause fluctuating emotions, flights or fragmentary thoughts with disturbed associations, a dulling of attention despite an illusion of heightened insight, image distortion, and psychosis.

Other characteristic indicators **may** include an odor of marijuana in the subject's vehicle or on the subject's breath, marijuana debris in the mouth, green coating on the subject's tongue, and reddening of the conjunctiva.

Because Cannabis impairs attention, divided attention tests are excellent tools for recognizing people who are under the influence of this category of drug.

C. Onset and Duration of Cannabis Effects

Persons begin to feel and exhibit marijuana's effects within 8-9 seconds after inhaling the smoke. The effects usually reach their peak within 10-30 minutes, and the effects generally continue for 2-3 hours. The user typically feels "normal" within 3-6 hours after smoking marijuana. There are studies that indicate that the

user may be impaired long after the euphoric feelings have ceased.

It is important to understand that some blood and urine tests may continue to disclose evidence of the use of marijuana long after the effects of marijuana have dissipated. That is because certain chemical tests do not seek to find THC itself, but instead look for metabolites of THC, or chemical by-products. It can take as long as 4 hours for THC to appear in the urine at concentrations sufficient to trigger an immunoassay (50 ng/mL) following smoking. Some blood tests may disclose marijuana use for at least 3 days after smoking. Some urine tests may indicate the presence of THC metabolites for 28-45 days.

There are two important metabolites of THC. One of these metabolites is Hydroxy THC; this causes the user to feel euphoric so that they are aware of the effects. Hydroxy THC usually is eliminated from the blood plasma within six hours. The other important metabolite is Carboxy THC. There is no evidence at this time that this metabolite is psychoactive. Carboxy THC may be found in the blood plasma for several days following marijuana use.

D. Signs and Symptoms of Cannabis Overdose

Excessive use of marijuana can create paranoia and possible psychosis. These same effects may develop from long term use of the drug, which has also been observed to produce sharp personality changes, especially in adolescent users. Other long term effects include:

- lung damage
- chronic bronchitis
- lowering of testosterone (male sex hormone)
- possible birth defects, still births and infant deaths
- acute anxiety attacks
- chronic reduction of attention span

F. Expected Results of the Evaluation

When a person under the influence of Cannabis is evaluated by a DRE, the following results can generally be expected:

Horizontal Gaze Nystagmus - none.

Vertical Gaze Nystagmus - none.

Lack of Convergence will be present.

Pulse rate will be up.

Blood Pressure will be up.

Temperature will be normal.

Pupil size will be dilated, but possibly normal. Rebound dilation may be observed.

Pupil's reaction to light will be normal.

Injection sites usually will not be found.

General Indicators:

- body tremors
- disorientated
- eyelid tremors
- impaired perception of time and distance
- increased appetite
- marked reddening of the conjunctiva
- odor of burnt marijuana
- possible paranoia
- relaxed inhibitions

Topics for study

1. What is the active ingredient in Cannabis?

2. Why are the Walk and Turn test and the One Leg Stand test excellent tools for recognizing persons under the influence of marijuana?

3. What is Marinol?

4. What is Sinsemilla?

5. Name two important metabolites of THC, and describe how they affect the duration and perception of the effects of Cannabis.

DRUG INFLUENCE EVALUATION

Evaluator: Cst. John Bercic, Vancouver PD	DRE No.: 4651	Rolling Log No.: 05-11-04			
Recorder/Witness: Sgt. Paul Milne, N.W.P.S	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case #: 345789-05			
Arrestee's Name (Last, First MI): Clark, Kenneth A.	DOB: 5-24-84	Sex: M	Race: W	Arresting Officer (Name, ID No.): Cst. John Ferguson, West Kootney H.P.	
Date Examined/Time/Location: 11-05-05, 2200 Hrs., Vancouver P.D.	Breath Results: ☐ Refused Instrument #: 47451 0.00 %	Chemical Test: ☐ Refused ☐ Urine ☒ Blood			
Miranda Warning Given: ☒ Yes ☐ No By: Cst. Ferguson	What have you eaten today?: Couple hot dogs	When?: 5 pm	What have you been drinking? How much?: Nothing N/A	Time of last drink: N/A	
Time now?: About 1030 pm	When did you last sleep?: Last night	How long?: 6 hrs.	Are you sick or injured? ☐ Yes ☐ No: "Hell no, I feel great"	Are you diabetic or epileptic? ☐ Yes ☒ No: "No, are you?"	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No			
Are you taking any medication or drugs? ☐ Yes ☒ No: "No drugs man."	Attitude: Boisterous, Cooperative	Coordination: Unstable			
	Breath: Odor of marijuana	Face: Flushed, sweaty			
Speech: Loud, talkative	Eyes: ☒ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal		
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy		

Pulse and time

1. 104 / 2212
2. 106 / 2227
3. 104 / 2240

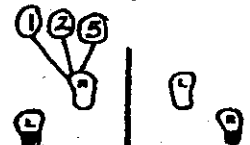
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

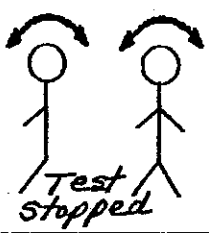
Convergence — Right eye / Left eye

One Leg Stand



(Test stopped)

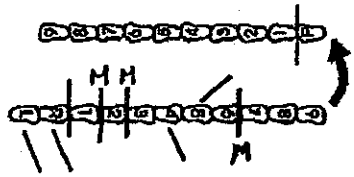
Romberg Balance



Test stopped

Walk and Turn test

Test stopped



	1st Nine	2nd Nine
Cannot keep balance	✓✓	
Starts too soon:		
Stops walking		
Misses heel to toe	✓✓✓	
Steps off line	✓✓	
Raises arms	✓	
Actual # steps		

L	R	
☑	☐	Sways while balancing
☐	☐	Uses arms to balance
☐	☐	Hopping
☑	☐	Puts foot down

Type of footwear: Lace up boots

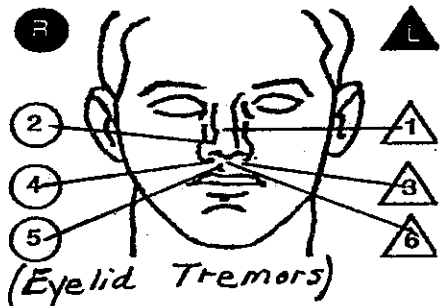
Internal clock: N/A (Est. as 30 seconds)

Describe Turn: N/A

Cannot do test (explain): Nearly Fell - Test stopped

Nasal area: Clear

Draw lines to spots touched



(Eyelid Tremors)

Pupil Size	Room Light	Darkness	Direct
Left	5.5	8.0	6.0 - 7.5
Right	5.5	8.0	6.0 - 7.5

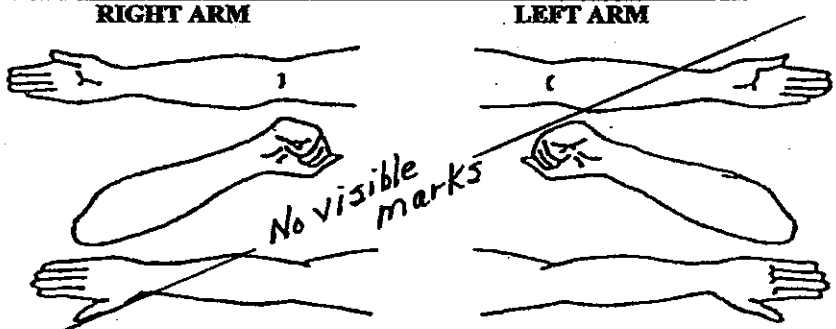
Oral cavity: Clear

Hippus: ☐ Yes ☒ No

Rebound dilation: ☒ Yes ☐ No

Reaction to Light: Normal

RIGHT ARM **LEFT ARM**



Blood pressure: 154 / 106

Temperature: 98.6° f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using?: "Don't hassle me man." How much?: No answer

Time of use?: No answer

Where were the drugs used? (location): "I ain't saying anything."

Date/Time of Arrest	Time DRE Notified	Evaluation Start Time	Time Completed
11/05/05 2115 hrs.	2150	2200	2310

DRE signature (include rank): John Bercic

ID #: 4651

Review by:

Opinion of evaluator:

☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☒ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Clark, Kenneth A.

1. **LOCATION:** The evaluation of Kenneth Clark was conducted in the interview room at the Vancouver Police Department.

2. **WITNESSES:** The evaluation was witnessed and recorded by Sgt. Paul Milne of the New Westminster Police Services.

3. **BREATH ALCOHOL TEST:** The arresting officer, Constable John Ferguson of the R.C.M.P. administered a breath test to Clark with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to contact Cst. Ferguson at the Vancouver Police Department for a drug evaluation. Cst. Ferguson advised he stopped Clark after observing him exit Highway 1A at a high rate of speed then fail to stop at a stop sign. The suspect seemed unconcerned about his driving and told the Constable that he was "just having some fun." After performing poorly on the SFST's, he was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at V.P.D. He was loud and laughing and repeatedly said, "This machine says I'm not drunk." He had poor coordination and balance and several times bumped into the interview table. He had a noticeable reddening of the conjunctiva.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect was unable to perform the test and it was stopped for safety reasons. Walk & Turn: Suspect lost his balance twice during the instructions stage, missed heel to toe three times in the first seven steps and the test was stopped for safety reasons. One Leg Stand: Suspect put his foot down three times, nearly fell and the test was stopped for safety reasons. Finger to Nose: Suspect was seated and missed the tip of his nose on each attempt. The suspect exhibited eyelid tremors.

8. **CLINICAL INDICATORS:** Suspect had a Lack of Convergence. His pupils were dilated in room light and direct light. His pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had an odor of marijuana on his breath.

10. **SUSPECT'S STATEMENTS:** Suspect at first denied using drugs then stated, "What's the big deal? A little pot doesn't hurt anybody, man."

11. **DRE'S OPINION:** In my opinion Clark is under the influence of a Cannabis and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

DRUG INFLUENCE EVALUATION

Evaluator: Robert Hayes, Albany PD	DRE No.: 6606	Rolling Leg No.: 04-23	
Recorder/Witness: Sgt. Eric Judah, OSP	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 04-99325
Arrestee's Name (Last, First MI): Peltier, Charles E.	DOB: 5-16-70	Sex: M	Race: B
Arresting Officer (Name, ID No.): Tpr. Steve Webster, OSP			
Date Examined/Time/Location: 09/11/04, 2325, Linn Co. Jail	Breath Results: ☐ Refused Instrument # 21240 0.06 %		Chemical Test ☐ Refused ☒ Urine ☐ Blood
Miranda Warning Given: ☒ Yes ☐ No By: Tpr. Webster	What have you eaten today? When? Hotdog 3 hrs ago	What have you been drinking? How much? Beer "Two"	Time of last drink? 2 hrs ago
Time now? About 9 pm	When did you last sleep? How long? Last night About 5 hrs.	Are you sick or injured? ☐ Yes ☒ No "No, and I'm not drunk"	Are you diabetic or epileptic? ☐ Yes ☒ No
Do you take insulin? ☐ Yes ☒ No "I don't take anything"	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No	
Are you taking any medication or drugs? ☐ Yes ☒ No "Nothing man."	Attitude: Impatient, anxious	Coordination: Poor, disoriented	
	Breath: Alcoholic beverage	Face: Normal	
Speech: Slow, slurred	Eyes: ☐ Normal ☒ Bloodshot ☐ Reddened Conjunctiva ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time
1. 110 / 2330
2. 112 / 2342
3. 110 / 2353

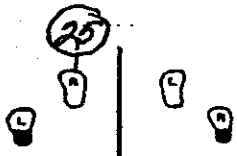
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	yes	yes
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

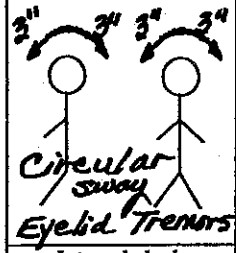
Convergence: Right eye ✓ Left eye ✓

One Leg Stand



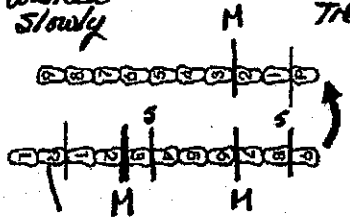
Leg Tremors

Romberg Balance



Circular sway
Eyelid Tremors

Walk and Turn test — Leg Tremors



Cannot keep balance	✓
Starts too soon:	

	1st Nine	2nd Nine
Stops walking	✓✓	
Misses heel to toe	✓✓	
Steps off line	✓	
Raises arms	✓✓	✓✓✓
Actual # steps	9	9

L	R	
✓✓	✓✓	Sways while balancing
✓	✓✓	Uses arms to balance
☐	☐	Hopping
✓	☐	Puts foot down

Type of footwear: Lace up boots

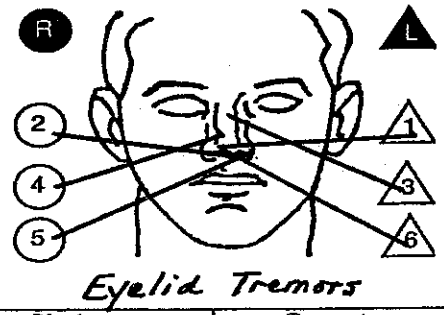
Internal clock: 42 — Est. as 30 seconds

Describe Turn: Lost balance, stepped to the right

Cannot do test (explain): N/A

Nasal area: clear

Draw lines to spots touched



Eyelid Tremors

Pupil Size	Room Light	Darkness	Direct
Left	6.5	8.0	6.0
Right	6.5	8.0	6.0

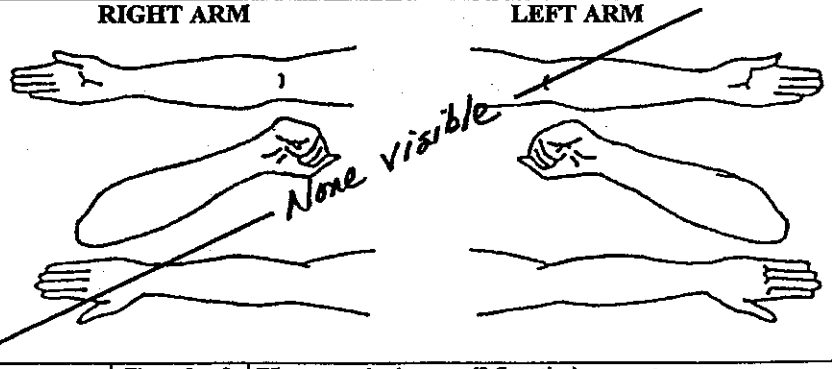
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Oral cavity: Brownish coating on tongue

Reaction to Light: Slow

RIGHT ARM **LEFT ARM**



Blood pressure: 148/100

Temperature: 98.4 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? "Just a couple of beers"

Time of use? N/A

Where were the drugs used? (Location) N/A

Date/Time of Arrest: 09/11/04 2305 hrs.

Time DRE Notified: 2315 hrs.

Evaluation Start Time: 2325

Time Completed: 0030 09/12/04

DRE Signature (Include rank): Robert Hayes

ID #: 6606

Reviewed by: [signature]

Opinion of evaluator:

☐ Rule Out	☒ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☒ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Peltier, Charles E.

1. **LOCATION:** The evaluation of Charles Peltier was conducted in the interview room at the Linn County Jail.

2. **WITNESSES:** The evaluation was witnessed and recorded by Sgt. Eric Judah of the Oregon State Police.

3. **BREATH ALCOHOL TEST:** The arresting officer, Senior Trooper Steve Webster of the Oregon State Police administered a breath test to Peltier with a 0.06% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to contact Sgt. Judah and Sr. Tpr. Webster at the Linn County Jail for a drug evaluation. Sr. Tpr. Webster advised he arrested Peltier for DUI after he attempted to elude officers on I-5 south of Salem. The suspect was detained with the use of spike strips. The suspect was disoriented and had poor balance and coordination. After performing poorly on the SFST's, he was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the jail. He seemed impatient and anxious. He had poor coordination and balance and his speech was slow and slurred.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had an approximate 3" circular sway and estimated 30 seconds in 42 seconds. Walk & Turn: Suspect lost his balance during the instructions stage, missed heel to toe, stopped twice while walking and raised his arms for balance. One Leg Stand: Suspect swayed while balancing, used his arms for balance, put his foot down once and had noticeable leg tremors. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts and exhibited eyelid tremors.

8. **CLINICAL INDICATORS:** Suspect had a Lack of Convergence. His pupils were dilated in room light and direct light. His pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had a brownish coloration on his tongue.

10. **SUSPECT'S STATEMENTS:** Suspect admitted drinking "Two beers" and laughed when asked about smoking marijuana.

11. **DRE'S OPINION:** In my opinion Peltier is under the influence of Alcohol and Cannabis and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

DRUG INFLUENCE EVALUATION

Evaluator: Ofc. Ed Harris, Seattle P.D.	DRE No.: 9532	Rolling Log No.: 04-034	
Recorder/Witness: Sgt. Rob Sharpe, W.S.P.	Crash: ☐ None ☐ Fatal ☐ Injury ☒ Property		Case # 04-776165
Arrestee's Name (Last, First MI): Wright, James B.	DOB: 10/20/83	Sex: M	Race: W
Arresting Officer (Name, ID No.): Sgt. R. Sharpe, WSP #9636			
Date Examined/Time/Location: 12/07/04, 10:50 pm, Seattle P.D. West Precinct	Breath Results: ☐ Refused Instrument # 4773 .00 %		Chemical Test ☐ Refused ☐ Urine ☒ Blood
Miranda Warning Given: ☒ Yes ☐ No By: Sgt. Sharpe	What have you eaten today? When? "Couple of burgers" 7pm	What have you been drinking? How much? "Nothing, I don't drink"	Time of last drink? N/A
Time now? "About midnight"	When did you last sleep? "Last night"	How long? 9 hrs.	Are you sick or injured? ☐ Yes ☒ No "I feel fine"
Are you diabetic or epileptic? ☐ Yes ☒ No	Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Relaxed, Care free	Coordination: Poor, Stumbling	
	Breath: Odor of marijuana	Face: Normal	
Speech: Slow & deliberate	Eyes: ☒ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time

1. 108 / 11:07 pm
2. 110 / 11:20 pm
3. 108 / 11:30 pm

HGN

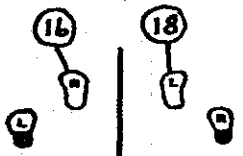
	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

Convergence

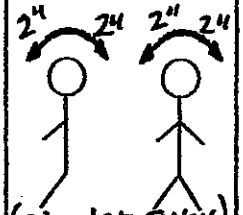
Right eye Left eye

One Leg Stand



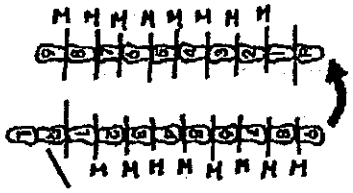
Counted slowly

Romberg Balance



(Circular Sway)

Walk and Turn test



Cannot keep balance	✓
Starts too soon:	✓

	1st Nine	2nd Nine
Stops walking		
Misses heel to toe	All	All
Steps off line		
Raises arms	✓✓	✓✓
Actual # steps	9	9

L	R	
☑	☑	Sways while balancing
☐	☑	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

Type of footwear: Loafers

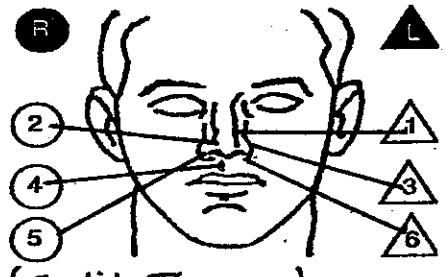
Internal clock: 41 Est. as 30 seconds

Describe Turn: Spun around

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched



(Eyelid Tremors)

Pupil Size	Room Light	Darkness	Direct
Left	6.0	7.5	5.0-7.0
Right	6.0	7.5	5.0-7.0

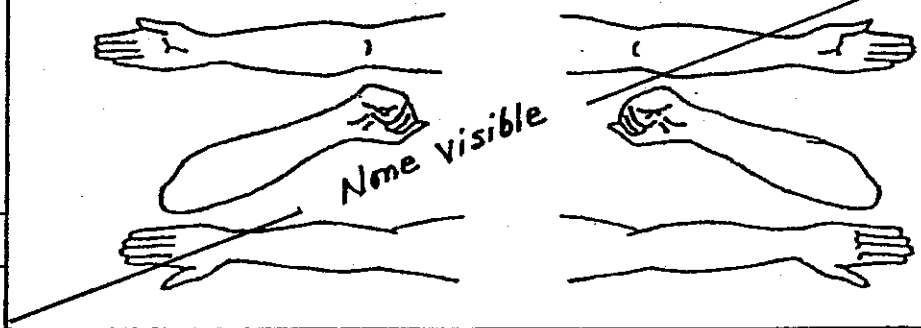
Hippus: ☐ Yes ☒ No

Rebound dilation: ☒ Yes ☐ No

Oral cavity: Green coating on tongue

Reaction to Light: Normal

RIGHT ARM **LEFT ARM**



Blood pressure: 140/96

Temperature: 98.8 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? "Nothing man" N/A

Time of use? "I didn't"

Where were the drugs used? (location) "I ain't saying"

Date/Time of Arrest	Time DRE Notified	Evaluation Start Time	Time Completed
12/07/04 10:25 p.m.	10:40 p.m.	10:50 pm	11:50 p.m.

DRE signature (include rank): Ed Harris

ID #: 9532

Reviewed by:

Opinion of evaluator:

☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☒ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Wright, James B.

1. **LOCATION:** The evaluation of James Wright took place in the interview room at the West Precinct of the Seattle Police Department.

2. **WITNESSES:** Arresting officer, Sgt. Rob Sharpe of the Washington State Patrol.

3. **BREATH ALCOHOL TEST:** Sgt. Sharpe administered a breath test to Wright with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was on duty at the West Precinct when contacted by Sgt. Sharpe requesting a drug evaluation. Sgt. Sharpe advised he arrested Wright after his vehicle struck another vehicle on Highway 99 north of Seattle. There was an odor of marijuana coming from the suspect's vehicle. He had poor balance and coordination and was unable to perform the SFST's as directed. Sgt. Sharpe located a small pipe containing marijuana residue in the suspect's vehicle.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the jail. He was very relaxed and carefree acting. He had poor coordination and balance and his speech was slow and deliberate.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had an approximate 2" circular sway and estimated 30 seconds in 41 seconds. Walk & Turn: Suspect lost his balance during the instructions stage, started walking too soon, raised his arms for balance and failed to touch heel to toe on any of his steps. One Leg Stand: Suspect swayed while balancing, used his arms for balance and put his foot down. Finger to Nose: Suspect missed the tip of his nose on all six attempts and exhibited eyelid tremors.

8. **CLINICAL INDICATORS:** Suspect had a Lack of Convergence. His pupils were dilated in room light and direct light. He also had rebound dilation. His pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had a green coating on his tongue.

10. **SUSPECT'S STATEMENTS:** Suspect denied using drugs.

11. **DRE'S OPINION:** In my opinion Wright is under the influence of Cannabis and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** The suspect was also charged with possession of marijuana.

SESSION XXII

OVERVIEW OF SIGNS AND SYMPTOMS

SESSION XXII OVERVIEW OF SIGNS AND SYMPTOMS

Upon successfully completing this session the student will be able to:

- Describe the possible effects that may be observed in each major indicator of drug impairment.
- Identify the effects that will most likely be observed with subjects under the influence of each drug category.

Summarizing What We've Learned About The Effects of Each Category: An Exercise For The Student

We have now completed a detailed review of all seven drug categories. In this session, we will summarize what we've learned about the major indicators of drug impairment that DREs rely upon to form their opinions. We will also summarize how each drug category usually "discloses itself" on those major indicators.

The major indicators of impairment consist of eight items:

- Horizontal Gaze Nystagmus
- Vertical Gaze Nystagmus
- Lack of Convergence
- Pupil Size
- Pupil Reaction to Light
- Pulse Rate
- Blood Pressure
- Body Temperature

As a DRE, you will evaluate each of these indicators for every suspect you examine. What are the possible things that you may observe for each indicator? For example, what are the possible things that you may observe when you check a suspect for Horizontal Gaze Nystagmus? What are the possible things that you may observe when you check the subject's blood pressure?

With HGN, there are only two possibilities: either it will be **Present** (i.e. the eyes will jerk) or **Not Present** (i.e. the eyes will move smoothly). Some drugs cause nystagmus, others do not; there is no drug that "cures" nystagmus. With blood pressure, there are three different things we might observe: it may be up, down, or it may be normal. Some drug categories elevate the blood pressure, others lower it; if a person is under the influence of two different drug categories, one that raises blood pressure and one that lowers it, it is possible that the two drugs will partly off-set each other, and the blood pressure may be normal.

What about the other six major indicators? What are the possible things we may find with each of them? **Before you answer**, try to complete the list of possibilities we've started on the following chart:

Horizontal Gaze Nystagmus?	**PRESENT or NONE**
Vertical Gaze Nystagmus?	
Lack of Convergence?	
Pupil Size?	
Reaction to Light?	
Pulse Rate?	
Blood Pressure?	**UP, DOWN, NORMAL**
Body Temperature?	

How did you do? Your completed list, on the previous page, should look something like this:

Indicator	Possible Effects
Horizontal Gaze Nystagmus?	**PRESENT or NONE**
Vertical Gaze Nystagmus?	**PRESENT or NONE**
Lack of Convergence?	**PRESENT or NONE**
Pupil Size?	**DILATED or NORMAL or CONSTRICTED**
Reaction to Light?	**NORMAL, SLOW, or LITTLE TO NONE VISIBLE**
Pulse Rate?	**UP or DOWN or NORMAL**
Blood Pressure?	**UP or DOWN or NORMAL**
Body Temperature?	**UP, DOWN, or NORMAL**

Next, your instructors will expect you to be able to state how each category of drugs usually affects each of the eight major indicators. This is information that was first covered in your Pre-School, and covered in even greater detail earlier in this school. In the table below, we've listed what we can usually expect to see in subjects who are under the influence of CNS Depressants. Try to fill in the rest of the table before Session XXII is given in class.

WHAT WILL WE USUALLY SEE IN OUR SUSPECTS?

	Depressants	Stims	Halluc	Dissoc. Anesth.	Narc	Inhalant	Cannabis
HGN	present						
VGN	present *(high dose)						
Lack Conv	present						
Pupil	normal (1)						
React Light	slow						
Pulse Rate	down (2)						
Blood Press	down						
Body Temp	normal						

* high dose for that individual
(1)Soma and Quaaludes usually dilate pupils
(2)Quaaludes and ETOH may elevate

The following attachment, Comparison of DRE Symptomatology With Cross Section of Drug Symptomatology Sources, is a small portion of the available scientific literature addressing drug influence. The Synopsis is consistent with the DRE training.

COMPARISON OF DRE SYMPTOMATOLOGY WITH CROSS SECTION OF DRUG SYMPTOMATOLOGY SOURCES

CNS DEPRESSANTS:

DRE Symptomatology:

Nystagmus	decreased pulse
decreased blood pressure	uncoordinated
disoriented	sluggish
thick slurred speech	drunk-like appearance

The Pharmacological Basis of Therapeutics, Seventh Edition, Gilman, A,; Goodman, I.; MacMillan Publishing Co. 1985, Barbiturates, pages 546-547:

Nystagmus	Strabismus
difficulty in visual accommodation	
vertigo	ataxia gait
positive Romberg sign	Hypotonia
Dysmetria	Diplopia
sluggishness	difficulty in thinking
slowness, slurring of speech	poor comprehension
poor memory	faulty judgement
emotional lability	

A Primer of Drug Action, Julien, Robert M. W.H. Freeman and Company, New York, 8 Ed. 1997.

Drug and Alcohol Abuse, A Clinical Guide to Diagnosis and Treatment, (3rd Ed. , Schuckit, M.D., Mark A. Plenum Medical Book Co, New York 1989. p.19.

Encyclopedia of Drug Abuse, O'Brien, Robert; Cohen, Sydney. M.D. Facts on File, INC New York (1984), page 36: barbiturates effects like alcohol (staggering, poor motor control).

Drug Abuse and Dependence, Grinspoon, Lester,MD; Bakalar,James B., Harvard Medical School Mental Health Review No. 1 (1990), page 11: sedative hypnotics same as alcohol and other depressants

Drugs of Abuse, Giannini, A. James, M.D.; Slaby, Andrew E. M.D., Ph.D. Medical Economics Books, Oradell, New Jersey (1989), page 72: Benzodiazepines same as barbiturate effects; pages 247; 292): Barbiturates:

Nystagmus	depressed pulse
depressed blood pressure	diminished concentration
incoordination	decreased reaction time

Manual of Drug and Alcohol Abuse, Guidelines for Teaching in Medical and Health Institutions, ed Arif, Awni. M.D., Westermeyer, Joseph, M.D.. Ph.D..D Plenum Medical Book Company, New York (1988), p. 135.

Diagnostic and Statistical Manual of Mental Disorders (Third Ed, Revised), American Psychiatric Association (1987), p. 159

Maladaptive behavioral changes, e.g., disinhibition of sexual or aggressive impulses, mood lability, impaired judgment, impaired social or occupational functioning.

slurred speech	incoordination
unsteady gait	impairment in attention or memory

CNS STIMULANTS:

DRE Symptomatology:

dilated pupils	increased pulse rate
increased temperature	increased blood pressure
body tremors	restlessness
excited	euphoric
talkative	exaggerated reflexes
anxiety	grinding teeth
redness to nasal area	runny nose
loss of appetite	insomnia
increased alertness	

The Pharmacological Basis of Therapeutics, Seventh Edition,

Gilman, A,; Goodman, I.; MacMillan Publishing Co. 1985, Cocaine 551-554

Medical Toxicology-Diagnosis and Treatment of Human Poisoning, Ellenhorn, Matthew J., Barceloux, Donald G. Elsevier Science Pub. Co. 1988, Amphetamines, Page 634:

Mild influence:

Mydriasis	hyperreflexia
restlessness	talkativeness

irritability	insomnia
tremor	flushing
Diaphoresis	combativeness
nausea	vomiting
pallor	dry mucous membranes
Moderate:	
hyperactivity	confusion
hypertension	Tachypnea
Tachycardia	premature ventricular contraction
chest discomfort	vomiting
abdominal pain	Profuser Diaphoresis
mild temperature	
elevation	impulsivity
repetitive behavior	hallucinations
panic reactions	
Serious:	
delirium	marked Hypertension/Tachycardia
Hyperreflexia	convulsions
Hypotension	coma
Cocaine, page 650-659	
Early Stimulation:	
euphoria	Garrulity
excitement	apprehension
irritable behavior	Mydriasis
sudden headache	nausea
vomiting	dizziness
twitching of small muscles	tics
tremor	jerks
Cocaine Psychosis	hallucinations
elevation of pulse	increased respiration
Advanced:	
convulsions	Hyperreflexia
decreased consciousness	increased pulse and blood pressure
Later Stages:	
Hypotension	Hypothermia
Dyspnea et al	

A Primer of Drug Action, Julien, Robert M. W.H. Freeman and Company, New York, 1992, pages 120-123: Amphetamines and cocaine (CNSS):

dilation of pupils	increased blood pressure
slight tremor	restlessness
agitation	possibly hallucinations

Drug and Alcohol Abuse, A Clinical Guide to Diagnosis and Treatment, (3rd Ed. , Schuckit, M.D., Mark A. Plenum Medical Book Co, New York 1989, page 99: CNSS cause:

dilation of pupils	rapid heart rate
elevation of blood pressure	tremor in hands
increased body temperature	restlessness

Encyclopedia of Drug Abuse, O'Brien, Robert; Cohen, Sydney. M.D. Facts on File, INC New York (1984), pages 25, 121: Amphetamine:

dilation of pupils	increase heart rate
blood pressure	flushing
teeth grinding	dry mouth
tremors	lack of coordination

pages 64, 100, 121:

dilation of pupils	increased heartbeat
increased temperature	similar to Amphetamine

Drug Abuse and Dependence, Grinspoon, Lester,MD; Bakalar,James B., Harvard Medical School Mental Health Review No. 1 (1990), pages 8 and 10 Cocaine and Amphetamine:

dilated pupils	increased pulse
increased blood pressure	vasoconstriction
agitation tremors	increased temperature

Drugs of Abuse, Giannini, A. James, M.D.; Slaby, Andrew E. M.D., Ph.D. Medical Economics Books, Oradell, New Jersey(1989), page 29 Amphetamines:

pupil dilation (Mydriasis)	increased pulse rate
elevated blood pressure	hyperactive
talkative	irritable
restless	Anorexia
tremors	urinary retention
teeth grinding (Bruxism)	fidgety, jerky, random motions
illogical, loose thoughts	

Page 295: Cocaine:

dilated pupils	Tachycardia
increased blood pressure	vasoconstriction
Hyperpyrexia	

Manual of Drug and Alcohol Abuse, Guidelines for Teaching in Medical and Health Institutions, ed Arif, Awni. M.D., Westermeyer, Joseph, M.D.. Ph.D..D Plenum Medical Book Company, New York (1988) page 142: Amphetamine:

increased pulse	increased blood pressure
possibly increased temperature	increased wakefulness
general increase in psychomotor activity	

page 145: Cocaine

Mydriasis (dilated pupils);	may cause psychosis
euphoria	agitation

Diagnostic and Statistical Manual of Mental Disorders (Third Ed, Revised), American Psychiatric Association (1987), p. 142.

COCAINE:
Maladaptive behavioral changes, e.g., euphoria, fighting, grandiosity, hyper-vigilance, psychomotor agitation, impaired judgment, impaired social or occupational functioning.

pupillary dilation	Tachycardia
elevated blood pressure	perspiration or chills
nausea or vomiting	visual or tactile hallucinations

AMPHETAMINE
Maladaptive behavioral changes, e.g., fighting, grandiosity, hyper-vigilance, psychomotor agitation, impaired judgment, impaired social or occupational functioning.

pupillary dilation	Tachycardia
elevated blood pressure	perspiration or chills
nausea or vomiting	

HALLUCINOGENS:

DRE Symptomatology:

dilated pupils	increased pulse rate
increased blood pressure	increased temperature

dazed appearance
Synesthesia
paranoia
nausea
difficulty in speech
poor perception of time/distance
body tremors
hallucinations
uncoordinated
disoriented
perspiring

The Pharmacological Basis of Therapeutics, Seventh Edition, Gilman, A,; Goodman, I.; MacMillan Publishing Co. 1985, LSD and Related Drugs, page 564

pupillary dilation
Tachycardia
tremor
Piloerection
increased body temperature
Hyper vigilance
loss of boundaries
increased blood pressure
Hyperreflexia
nausea
muscular weakness
hallucinations
Synesthesia

Medical Toxicology-Diagnosis and Treatment of Human Poisoning, Ellenhorn, Matthew J., Barceloux, Donald G. Elsevier Science Pub. Co. 1988, LSD, pages 667-669:

pupillary dilation
increased body temperature
weakness
Hyperreflexia
hallucinations
poor judgment
increased heart rate
Piloerection
tremor
Ataxia
depersonalization
mood swings

A Primer of Drug Action, Julien, Robert M.; W. H. Freeman and Company, New York, 1992

Drug and Alcohol Abuse, A Clinical Guide to Diagnosis and Treatment, (3rd Ed.), Schuckit, M.D., Mark A. Plenum Medical Book Co, New York 1989 page 160:

dilated pupils
increased awareness
sensory input
flushed face
increased blood pressure
faltered body images
fine tremor
increased body temperature

Encyclopedia of Drug Abuse, O'Brien, Robert; Cohen, Sydney. M.D. Facts on File, Inc New York (1984), pages 100; 115 120, 153): Hallucinogens:

dilated pupils
increased blood pressure
profuse perspiration
increased heart rate
increased temperature
loss of appetite

hallucinations

Drug Abuse and Dependence, Grinspoon, Lester,MD; Bakalar,James B., Harvard Medical School Mental Health Review No. 1 (1990)

Drugs of Abuse, Giannini, A. James, M.D.; Slaby, Andrew E. M.D., Ph.D. Medical Economics Books, Oradell, New Jersey (1989), page 218: LSD:

Ataxia
Hyperreflexia
Tachycardia
high blood pressure
incoordination

Manual of Drug and Alcohol Abuse, Guidelines for Teaching in Medical and Health Institutions, ed Arif, Awni. M.D., Westermeyer, Plenum Medical Book Company, New York (1988)

Diagnostic and Statistical Manual of Mental Disorders (Third Ed, Revised), American Psychiatric Association (1987), p. 145.

Maladaptive behavioral changes, e.g., marked anxiety or depression, ideas of reference, fear of losing one's mind, paranoid ideation, impaired judgment, impaired social or occupational functioning.

Perceptual changes occurring in a state of full wakefulness and alertness, e.g., subjective intensification of perceptions, depersonalization, derealization, illusions, hallucinations, Synesthesia

pupillary dilation
sweating
blurring of vision
incoordination
Tachycardia
palpitations
tremors

DISSOCIATIVE ANESTHETICS (PHENCYCLIDINE)

DRE Symptomatology:
Nystagmus
increased blood pressure
perspiring
blank stare
"moon walking"
incomplete responses
repetitive speech
cyclic behavior
hallucinations
increased pulse
increased temperature
warm to the touch
early onset of nystagmus
difficulty in speech
repetitive response
increased pain threshold
confused, agitated
possibly violent and combative

The Pharmacological Basis of Therapeutics, Seventh Edition, Gilman, A,; Goodman,

I.; MacMillan Publishing Co. 1985, PCP, page 565-567

Nystagmus	elevated heart rate
elevated blood pressure	feeling of intoxication
staggering gait	slurred speech
numbness of extremities	sweaty
muscular rigidity	blank stare
drowsiness	hostile behavior
repetitive movements	

Medical Toxicology-Diagnosis and Treatment of Human Poisoning, Ellenhorn, Matthew J., Barceloux, Donald G. Elsevier Science Pub. Co. 1988, PCP 768-777:

Nystagmus	Miosis
depressed light reflexes	blurred vision
diminished pain	Ataxia
tremors	muscle weakness
slurred speech	drowsiness
increased pulse rate	increased blood pressure
Amnesia	anxiety/agitation
body image distortion	euphoria
depersonalization	disordered thought processes
hallucinations	

A Primer of Drug Action, Julien, Robert M. W.H. Freeman and Company, New York, 1997, page 262: PCP:

increased blood pressure	blank stare
disinhibition	mood swings
muscle rigidity	agitation
delirium excitement	disorientation
hallucinations	analgesia
speech difficulty	pain tolerance
elevated blood pressure	

Drug and Alcohol Abuse, A Clinical Guide to Diagnosis and Treatment, (3rd Ed.), Schuckit, M.D., Mark A. Plenum Medical Book Co, New York 1989 p. 178

sweating	muscle rigidity
fever convulsions	increased blood pressure

Encyclopedia of Drug Abuse, O'Brien, Robert; Cohen, Sydney. M.D. Facts on File, INC New York (1984), page 100, 208: PCP:

Nystagmus	increased blood pressure
increased pulse rate	flushing

mood swings
changes in body awareness
violent behavior
hallucinations
speech difficulties
decreased responsiveness

Drug Abuse and Dependence, Grinspoon, Lester, M.D.; Bakalar, James B., Harvard Medical School Mental Health Review No. 1 (1990), page 25: PCP:

body image distortions
Nystagmus
loss of muscle control
memory loss drooling
increased blood pressure
muscle rigidity
incoherent speech
blank stare

Drugs of Abuse, Giannini, A. James, M.D.; Slaby, Andrew E. M.D., Ph.D. Medical Economics Books, Oradell, New Jersey(1989) page 296: PCP:

Nystagmus
hallucination
loss of motor control
automated speech
Nystagmus at rest
disorientation
extreme agitation
disassociation from environment

Manual of Drug and Alcohol Abuse, Guidelines for Teaching in Medical and Health Institutions, ed Arif, Awni. M.D., Westermeyer, Joseph, M.D. Ph.D.D Plenum Medical Book Company, New York (1988), page 156: PCP:

Ataxia
muscular hypertonicity
Ptosis
Horizontal Gaze, Vertical Gaze and Rotary Nystagmus
elevated blood pressure
mood swings
tremors,
Hyperreflexia
Tachycardia

Diagnostic and Statistical Manual of Mental Disorders (Third Ed, Revised), American Psychiatric Association (1987), p. 155.

Maladaptive behavioral changes, e.g., belligerence, assaultiveness, impulsiveness, unpredictability, psychomotor agitation, impaired judgment, impaired social or occupational functioning.

Vertical or Horizontal Gaze Nystagmus
increased blood pressure or heart rate
numbness or diminished responsiveness to pain.
Ataxia
Dysarthria (slurred speech)
muscle rigidity

seizures
Hyperacusis

NARCOTICS:

DRE Symptomatology:

constricted pupils
decreased blood pressure
Ptosis (droopy eyelids)
drowsiness
low, raspy speech
facial itching
fresh puncture marks
decreased pulse rate
decreased temperature
"on the nod"
depressed reflexes
dry mouth
euphoria

The Pharmacological Basis of Therapeutics, Seventh Edition, Gilman, A,; Goodman, I.; MacMillan Publishing Co. 1985, Opiods page 541-545

Medical Toxicology-Diagnosis and Treatment of Human Poisoning, Ellenhorn, Matthew J., Barceloux, Donald G. Elsevier Science Pub. Co. 1988; Heroin, pages 702-703. See also Methadone, Demerol, etc.:

A Primer of Drug Action, Julien, Robert M. W.H. Freeman and Company, New York, 1997: Morphine:

constructed pupils
drowsiness
mental clouding
depressed respiration
euphoria
decreased blood pressure
Dysphoria
sedation
Analgesia

Drug and Alcohol Abuse, A Clinical Guide to Diagnosis and Treatment, (3rd Ed., Schuckit, M.D., Mark A. Plenum Medical Book Co, New York 1989

Decrease pain (p.6)

Encyclopedia of Drug Abuse, O'Brien, Robert,Cohen, Sydney. M.D. Facts on File, INC New York (1984) page 100, 120, 123, 124: Narcotics:

constricted pupils
Analgesia
euphoria
reduced heart rate
depressed appetite
going "on the nod"

Drug Abuse and Dependence, Grinspoon, Lester,MD; Bakalar,James B., Harvard Medical School Mental Health Review No. 1 (1990), page 14: Narcotics:

constricted pupils
"nodding off"

dreamy state
euphoria
pain suppression

Drugs of Abuse, Giannini, A. James, M.D.; Slaby, Andrew E. M.D., Ph.D. Medical Economics Books, Oradell, New Jersey (1989) page 293 - 294:

Miosis (constricted pupils)
Hypothermia
decreased temperature)
drowsiness lethargy
flaccid muscle tone
Analgesia
Bradycardia
(decreased heart beat)
euphoria/dysphoria
confusion
depressed respiration

Manual of Drug and Alcohol Abuse, Guidelines for Teaching in Medical and Health Institutions, ed Arif, Awni. M.D., Westermeyer, Joseph, M.D.. Ph.D..D Plenum Medical Book Company, New York (1988), page 132

Miosis (constricted pupils)
itching
low blood pressure
flushing sweating

Diagnostic and Statistical Manual of Mental Disorders (Third Ed, Revised), American Psychiatric Association (1987), p. 152.

Maladaptive behavioral changes, e.g., initial euphoria followed by apathy, dysphoria, psychomotor retardation, impaired judgment, impaired social or occupational functioning.

pupillary constriction
slurred speech
drowsiness
impairment in attention or memory

INHALANTS:(Toluene)

DRE Symptomatology:
Nystagmus
increased blood pressure
odor on mouth
slurred speech
increased pulse rate
residue around nose
nausea disorientation
confusion

The Pharmacological Basis of Therapeutics, Seventh Edition, Gilman, A,; Goodman, I.; MacMillan Publishing Co. 1985, Inhalants, page 567

Drug and Alcohol Abuse, A Clinical Guide to Diagnosis and Treatment, (3rd Ed. , Schuckit, M.D., Mark A. Plenum Medical Book Co, New York 1989. p. 185

decreased inhibitions
drowsiness
floating sensation
light sensitivity

sneezing runny nose

Encyclopedia of Drug Abuse, O'Brien, Robert; Cohen, Sydney. M.D. Facts on File, INC New York (1984)

lowered inhibitions
incoordination confusion
nausea
restlessness
disorientation
impaired judgment

Drug Abuse and Dependence, Grinspoon, Lester,MD; Bakalar,James B., Harvard Medical School Mental Health Review No. 1 (1990)

Drugs of Abuse, Giannini, A. James, M.D.; Slaby, Andrew E. M.D., Ph.D. Medical Economics Books, Oradell, New Jersey(1989), pages 265, 272, 297: Toluene:

Nystagmus
tremors cerebellar
rambling speech
light headedness
CNS depression that mimics Ataxia
Narcotic Analgesics
blank stare
euphoric mood
mental dulling
Ataxia
irritability
tremors

Manual of Drug and Alcohol Abuse, Guidelines for Teaching in Medical and Health Institutions, ed Arif, Awni. M.D., Westermeyer, Joseph, M.D.. Ph.D..D Plenum Medical Book Company, New York (1988)

brief euphoria
giddy intoxication, similar to alcohol
CNS depression (volatile solvents/toluene)
dizziness
Vertigo

Diagnostic and Statistical Manual of Mental Disorders (Third Ed, Revised), American Psychiatric Association (1987), p. 149.

Maladaptive behavioral changes, e.g., belligerence, assaultiveness, apathy, impaired judgment, impaired social or occupational functioning.

Nystagmus
incoordination
unsteady gait
depressed reflexes
tremor generalized muscle
dizziness
slurred speech
lethargy
psychomotor retardation
blurred vision or diplopia

stupor or coma
euphoria
weakness

CANNABIS

DRE Symptomatology:

dilated pupils	marked reddening of conjunctivae
odor of Marijuana	debris in mouth
body tremors	eyelid tremors
relaxed inhibitions	increased appetite
paranoia	disorientation

impaired perception of time and distance

The Pharmacological Basis of Therapeutics, Seventh Edition, Gilman, A,; Goodman, I.; MacMillan Publishing Co. 1985, Cannabis, pages 559-561

euphoria	short term memory impairment
temporal disintegration	balance and stance impairment
information processing impairment	increased hunger
dry mouth	additive to alcohol

Lower doses
affects perception, impairing well beyond when subject subjectively feels effects; alters all information processing; relatively simple motor skills unaffected

High doses:

anxiety	hallucinations
increased heart rate	increased systolic blood pressure
marked reddening of Conjunctiva	simple motor skills affected

Medical Toxicology-Diagnosis and Treatment of Human Poisoning, Ellenhorn, Matthew J., Barceloux, Donald G. Elsevier Science Pub. Co. 1988; Cannabis, page 678-681

reddening of Conjunctiva	alteration in mood
motor coordination impairment	euphoria
relaxation	sleepiness
temporal distortion (time slows)	decrease in balance, steadiness and muscle strength
impairment of motor tasks and reaction times requires higher dosages	
loss of short term memory	elective attention
systematic thinking impaired	stimulated appetite
dry mouth	

A Primer of Drug Action, Julien, Robert M. W.H. Freeman and Company, New York, 1997, Marijuana

reddening of Conjunctiva
increased blood pressure
dry mouth
altered sensory perception

Drug and Alcohol Abuse, A Clinical Guide to Diagnosis and Treatment, (3rd Ed. , Schuckit, M.D., Mark A. Plenum Medical Book Co, New York 1989, page 145: Cannabis:

red Conjunctiva
relaxation
increased heart rate
time distortion
impairment in ability to do multi-step tasks
decrease level of motor coordination
euphoria
dry mouth
possibly Nystagmus
short term memory
tremors

Encyclopedia of Drug Abuse, O'Brien, Robert; Cohen, Sydney. M.D. Facts on File, INC New York (1984), pages 100, 120: Marijuana:

red eye
increased heart beat
dryness of mouth and throat
increased pulse rate
increased appetite
time and space distortions
increased heart rate
lack of coordination

Drug Abuse and Dependence, Grinspoon, Lester,MD; Bakalar,James B., Harvard Medical School Mental Health Review No. 1 (1990).page 19: Marijuana:

increased appetite
bloodshot eyes
agitation
hallucinations
faster heartbeat
confusion
incoordination

Drugs of Abuse, Giannini, A. James, M.D.; Slaby, Andrew E. M.D., Ph.D. Medical Economics Books, Oradell, New Jersey(1989), page 296: Cannabis:

red Conjunctiva
pleasant relaxation
slowed time
apathy
problems with motor coordination
increased appetite
intensification of sensations
passivity
Tachycardia (increased heart rate)

Manual of Drug and Alcohol Abuse, Guidelines for Teaching in Medical and Health Institutions, ed Arif, Awni. M.D., Westermeyer, Joseph, M.D.. Ph.D..D Plenum Medical Book Company, New York (1988), page 147: Cannabis:

red Conjunctiva	increased hunger
changes in time sense	short-term memory loss
memory	dry mouth
coordination	Tachycardia (rapid heart beat)
balance and stance	elevated systolic pressure affected

Diagnostic and Statistical Manual of Mental Disorders (Third Ed, Revised), American Psychiatric Association (1987), p. 140.

Maladaptive behavioral changes, e.g., euphoria anxiety, suspiciousness, or paranoid ideation, sensation of slowed time, impaired judgment, social withdrawal.

red Conjunctiva	increased appetite
Tachycardia (rapid heart)	dry mouth

SESSION XXIII

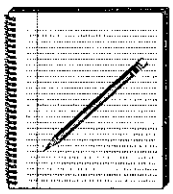
CURRICULUM VITAE PREPARATION AND MAINTENANCE

SESSION XXIII CURRICULUM VITAE PREPARATION AND MAINTENANCE

Upon successfully completing this session the student will be able to:

- Describe and discuss the purpose of the DRE Curriculum Vitae.
- Identify the elements of a DRE Curriculum Vitae.
- Prepare a basic Curriculum Vitae summarizing relevant training, education, experience and accomplishments to date.
- Update and extend the Curriculum Vitae, as relevant achievements continue to expand.

A. Purpose of the Curriculum Vitae



The principal purpose of the Curriculum Vitae (C.V.) is to help establish your qualifications for testifying in court as a drug recognition expert. The C.V. records the education and training you have received, and the experience you have accumulated, that qualify you to render an opinion concerning drug impairment.

As a general rule, witnesses can testify only to personal knowledge, and cannot offer opinions as testimony. An important exception to this rule is granted to expert witnesses.

Basically, an expert witness is someone who the court decides is an expert. But "experts" usually are persons skilled in some art, trade, science or profession, who have a knowledge of matters not within the knowledge of people of average education, learning and experience. The prosecution or defense will call a witness who, they assert, is an "expert" in some matter. The court will carefully assess the credentials of that witness, i.e. the education, training and experience he or she has had in the matter in question. And the court -- and the court alone -- will decide whether the witness is a expert. If the court rules that the witness is a expert, then the witness may assist the finder of fact (jury or judge) in arriving at a verdict by expressing an opinion on a state of facts shown by the evidence, and based upon his or her special knowledge. Generally a witness' qualification is achieved through "Voir Dire" which is a french expression literally meaning "to see, to say" or in English "to seek the truth". Voir Dire is normally done outside the presence of the jury.

After you have completed all of the necessary training, the prosecution will begin to call you as an expert witness in drug evaluation and classification cases. The court will wish to consider relevant evidence of your alleged expertise. Your C.V. can help to ensure that the court rules in your favor.

B. Preparation for Court Qualification

Being qualified as an expert may be as simple as stating your occupation. Or, it could require several hours of exhausting questioning by the prosecutor and the defense attorney. The prosecutor will seek to show that, insofar as drug evaluation is concerned, your knowledge is greater than that of the average person. The stronger your credentials, the better the chance that the court will consider you an "expert". And, the stronger your credentials, the more impressed the jury will be with your expertise, and the more weight they will give to your testimony.

The credentials that you have to offer to establish your expertise consist mainly of:

- The formal education and training you have received.
- The directly relevant experience you have acquired.
- The "outside" readings and study you have done.

You need to have accurate, up to date and documented evidence of these credentials, to support the assertion that you are a expert.

C. Curriculum Vitae Content

1. Relevant Formal Education.

   a. High School Education
   List the high school(s) you attended and the dates of your attendance. Highlight classes that provided knowledge in the area of drugs.

   b. College Education
   List the schools and dates. Highlight courses relevant to drugs, and relevant to the drug evaluation and classification examination procedures. List major field(s) of study, degree(s) earned, etc.

   c. Specialized College or University - level courses.
   List dates, instructor, subject(s) covered, credits earned, etc. Highlight the relevance of these courses to drugs.

2. Formal Training.

   a. Police Academy (recruit level training).
   List dates of attendance, major topics covered. Highlight drug relevant training.

   b. Specialized Police Training/In-Service Training.
   List dates, topics, instructors. Highlight drug relevant training.

   c. Other specialized training (e.g., military; special seminars; lectures).
   List dates, topics, instructors. Highlight drug relevant training.

3. Relevant Experience.

   a. Job Experience. (law enforcement)
   List specific assignments, including dates, rank held, etc. Include special assignments. Highlight duties associated with drug enforcement.

   b. Assignments.
   List agencies, dates, and specialized assignments related to impaired driving, drug enforcement, etc.

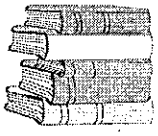
   c. Prior law enforcement experience.

d. Other Job Related Experience.
List employers, dates, specific duties, etc. Highlight work relevant to drugs.

e. Drug Enforcement/Evaluation Experience.
Maintain up to date totals of vehicle stops; DWI investigations; DWI arrests; drug evaluations; filings on alcohol and drug related charges; convictions on each charge.

f. Prior experience in testifying in drug-related cases. Maintain up to date totals of the numbers of appearances in various level courts (e.g., municipal, superior, etc.); the number of times qualified as an expert witness in drug cases; the number of times qualified as an expert witness in other cases.

4. Outside Readings and Study.



a. Maintain listings of the drug related texts read; departmental training bulletins read; journals read; research papers read; films and video tapes viewed; etc.

5. Training or research conducted.

Document drug related training and research that you conducted or in which you participated.

6. Published works

List all relevant writings that you authored or co-authored, including departmental briefing papers, training manuals/bulletins, magazine articles, books, etc.

D. Curriculum Vitae Examples

The remainder of this session presents two examples of a DRE Curriculum Vitae. They are based on the training and experience of actual drug recognition experts, although specific identifiers have been changed to preserve their anonymity.

SAMPLE CURRICULUM VITAE NUMBER ONE

SHELTON POLICE DEPARTMENT

Traffic Division

The Curriculum Vitae of:

SERGEANT DAVID CARROLL REGAN
Certified Drug Recognition Expert

Latest update: 3/17/XX

Sgt. David C. Regan

Introduction

Sergeant David Carroll Regan is a supervisor in the Traffic Division, Shelton Police Department. He currently commands the special Impaired Driving Enforcement Activities Squad (IDEAS), a unit he was instrumental in forming. Sgt. Regan is a 15 year veteran of law enforcement. Prior to joining the Shelton Police Department ten years ago, he served for five years as a deputy with the Fairfield County Sheriff's Department.

Sergeant Regan has been assigned to the Traffic Division since his promotion to sergeant on 11/18/YY. His duties have included coordination of speed and DWI enforcement activities, the Joint Shelton-Derby Task Force for Sobriety Checkpoints, the Officer Friendly Program, the Motorcycle Safety Education Project, and general supervision of Traffic Division officers. He also serves as the Department's principal instructor for radar speed measurement, Standardized Field Sobriety Testing and Drug Recognition Expert training.

Sergeant Regan holds a Bachelor's Degree in the Administration of Justice from Fairfield University, and currently is a candidate for a Master's Degree in Police Science and Administration at the University of Stratford. He also holds an Instructor Certificate from the State Law Enforcement Training Board.

Sergeant Regan has served on two committees of the Governor's Task Force to Prevent Drunk Driving: The Standardized Field Sobriety Tests Committee and The Paperwork Reduction Committee. The one page Standard Notetaking Guide for Field Sobriety Testing that is employed by all departments statewide was designed by him.

Law Enforcement Experience

11/18/YY to Present	Sergeant, Traffic Division Shelton Police Department Supervisor, IDEAS Unit Drug Recognition Expert Program Coordinator
7/8/ZZ to 11/17/YY	Patrol Officer First Class Training and Operations Shelton Police Department Unit Supervisor, Traffic Law Enforcement Training Branch
9/11/XX to 7/7/ZZ	Patrol Officer Third Precinct, Motorcycle Shelton Police Department

Law Enforcement Experience (continued)

11/5/MM to 9/10/XX	Patrol Officer First Precinct Shelton Police Department
10/10/NN to 11/4/MM	Deputy Traffic Patrol Fairfield County Sheriff's Department

Special Police Training

10/XX	National Highway Traffic Safety Administration **DRE Instructor Training** (Certified as a DRE Instructor on 11/12/XX)
8/XX	Drug Enforcement Administration **Drug Interdiction Seminar**
11/YY	National Highway Traffic Safety Administration **Drug Evaluation and Classification Training: DRE School** (Certified as a DRE on 1/28/XX)
10/YY	National Highway Traffic Safety Administration **Drug Evaluation and Classification Training: DRE Pre-School**
3/YY	Southeastern University Institute of Police Technology **Special Conference: Managing DWI Squads**
4/ZZ	International Association of Chiefs of Police **Instructor Training in Horizontal Gaze Nystagmus and Divided Attention Field Sobriety Tests**
10/MM	University of Stanford, Northern Police Institute **Standardized Field Sobriety Testing**
6/NN	Acme Scientific Instruments, Inc. (Certified to perform inspection and repair of the Intoxotector J2Z breath testing instrument on 6/22/NN)

Sgt. David C. Regan

Court Qualification Record

8/VV	Qualified as Drug Recognition Expert in a case involving Phencyclidine impairment. (Judge Sally Grey, 8th District)
11/WW	Qualified as Drug Recognition Expert in a case involving a combination of CNS Stimulant and Narcotic Analgesic. (Judge Lewis Buchanan, Superior Court)
3/WW	Qualified as Drug Recognition Expert in a case involving Cannabis impairment. (Judge Sally Grey, 8th District)
9/UU	Qualified as Drug Recognition Expert in a case involving Narcotic Analgesic impairment. (Judge Jerome Byrnes, 8th District)

Specialized Readings

Title	Author
Drug and Alcohol Abuse	Marc A. Schuckit, M.D.
A Primer of Drug Action	Jerome Jaffee, Robert Petersen and Ray Hodgson
The Practitioner's Guide to Psychoactive Drugs	Ellen L. Bassuk, M.D. and Stephen C. Schoonover, M.D.
Drug Abuse: A Manual for Law Enforcement Officers	Smith, Kline & French (pub.)
Licit and Illicit Drugs	Edward M. Brecher
Chocolate to Morphine	Andrew Weil, M.D. and Winifred Rosen
Cocaine Addiction	U.S. Department of Health and Human Services
Marijuana Alert	Peggy Mann

SAMPLE CURRICULUM VITAE NUMBER TWO

TRUMBULL POLICE DEPARTMENT

The Curriculum Vitae of:

OFFICER ANN MARIE REED
Certified Drug Recognition Expert

Latest Update: 4/25/YY

Officer Ann M. Reed

Introduction

Officer Ann Marie Reed is an eight year veteran with the Trumbull Police Department. She is currently assigned to the Special Operations Branch of the Administrative Division, where she serves as a Narcotics Enforcement Officer. Previously, she has served in the same Branch as a Vice Enforcement Officer, and as a patrol officer in the Department's first and second precincts.

Officer Reed is a graduate of Monroe College, with the Bachelor's Degree in Police Science and Administration. She is currently a candidate for the JD Degree at the Law School of the University of Bridgeport.

Law Enforcement Experience

5/12/VV to Present	Narcotics Enforcement Officer and Drug Recognition Expert Special Operations Branch Trumbull Police Department
3/26/WW to 5/11/VV	Vice Enforcement Officer Special Operations Branch Trumbull Police Department
9/23/XX to 3/25/WW	Patrol Officer First Precinct Trumbull Police Department
8/28/NN to 9/22/XX	Patrol Officer Second Precinct Trumbull Police Department
5/15/NN to 8/25/NN	Trainee Fairfield County Regional Police Academy (Graduated 8/25/NN)

Special Police Training

2/YY	University of Norwalk, Police Science Institute **Seminar: Packaging and Transport of Illicit Drugs**
10/VV	University of Norwalk, Police Science Institute **Seminar: Suppression of Drug-related Crime**
3/VV	National Highway Traffic Safety Administration **Drug Evaluation and Classification Training: DRE School** (Certified as a DRE on 5/22/VV)

Special Police Training (Continued)

2/VV Fairfield County Regional Police Academy
Drug Evaluation and Classification Training: DRE Pre-School

10/WW Fairfield County Regional Police Academy
Standardized Field Sobriety Testing

Publications Authored

Reed, Ann M. and Cockroft, Robert S., "Narcotics Enforcement Tactics for the Medium-sized Department"; The Police Chief. January 17, 19XX.

Reed, Ann M., Procedures for Requesting Drug Recognition Expert Services; Training Bulletin for the Trumbull Police Department. 6/VV.

Reed, Ann M., Recognizing the Heroin Addict; Training Bulletin for the Trumbull Police Department. 1/VV.

Court Qualification Record

11/WW Qualified as an expert witness for identification of Heroin impairment. (Judge Michael Adkins, 7th District)

3/WW Qualified as a Drug Recognition Expert in a case involving a combination of CNS Stimulant and Narcotic Analgesic. (Judge Roberta Mayer, 7th District)

9/ZZ Qualified as an expert witness for identification of "track" marks. (Judge Charles Peltier, 7th District)

Specialized Readings

Title	Author
Signs and Symptoms Handbook	Barbara McVan, M.D.
Drugs From A to Z	Richard R. Lingeman
Guide to Psychoactive Drugs	Richard Seymour and David E. Smith, M.D.
Addictions: Issues and Answers	Robert M. Julien, M.D.
Report on Synthetic China White: Fentanyl	Det. James Miller, LAPD

SESSION XXIV

DRUG COMBINATIONS

SESSION XXIV DRUG COMBINATIONS

Upon successfully completing this session the student will be able to:

- Explain the prevalence of polydrug use among drug impaired subjects and identify common combinations of drugs abused by those subjects.
- Describe the possible effects that combinations of drugs can produce on the major indicators of drug impairment.
- Define the terms "Null", "Overlapping", "Additive" and "Antagonistic" as they relate to polydrug effects.
- Identify the specific effects that are most likely to be observed in persons under the influence of particular drug combinations.

A. Examples of Polydrug Use

Studies have shown that polydrug use is on the rise throughout the country. In the Los Angeles Field Validation Study (1985), nearly three-quarters (72%) of the subject's who were evaluated were found to have two or more drugs in their blood samples. The most familiar drug of all, alcohol, apparently is an especially popular "mixer" with other drugs. Alcohol routinely shows up in combination with virtually everything else, and often DREs encounter subject's who have consumed alcohol along with two or more other drugs. Cannabis is another popular "mixer", and frequently shows up in combination with Cocaine, PCP and various other drugs. The "speedball", a combination of Cocaine and Heroin, remains popular, despite the well-publicized hazards of this particular mixture.

Polydrug use among suspected drug impaired drivers continues to be very common. Data collected from DREs from throughout the U.S. and entered into the national DRE tracking database indicates that approximately 25% of all cases where toxicology was conducted resulted in two or more drug categories detected.

DREs should not be surprised to encounter virtually any possible combination of drugs. DREs may find more polydrug users than single drug users. This means that if the DRE is to do a good job at interpreting the results of evaluations, they must understand the mechanisms of drug interaction.

B. Possible Effects of Drug Combinations

When a person ingests two or more different drugs, each drug may work independently. What the body will **exhibit**, however, is a combination of those effects.

Four types of combined effects can, and generally will, occur when two drug categories are used together.

1. The Null Effect

The simplest way to explain the Null Effect is to say that it is the same thing as "zero plus zero equals zero". Some specific examples may help clarify this.

One of the first things a DRE does when examining a subject is to check for HGN. We know that many drugs **do not affect nystagmus**. For instance, if we examined a subject that was under the influence of Cocaine and nothing else, we would not expect to observe nystagmus. Likewise, if we examined someone who was under the influence of Marijuana and nothing else, no nystagmus would be present. What do you expect we would see when we check for nystagmus in the eyes of someone who has

used Cocaine and Cannabis in combination? Since neither drug independently has any affect on nystagmus, the combination also would not affect nystagmus: nothing plus nothing equals nothing.

Another example of the Null Effect would be found when we check the pupil size of a subject who was under the influence of PCP and Xanax. PCP does not affect pupil size; neither does Xanax, a CNS Depressant. The combination of these drugs will not affect the size of the pupils.

The Null Effect, then, means simply this: **If neither drug affects some particular indicator of impairment, their combination also will not affect that indicator**.

2. **The Overlapping Effect**

The Overlapping Effect comes into play when one drug **does affect** some indicator of impairment and the other drug has **no effect whatsoever** on that indicator. This is a case of "something plus nothing equals something".

Consider once again the example of a combination of Cocaine and Cannabis. We've already seen that this combination produces a Null Effect as far as nystagmus is concerned. But what about when we examine the subject's eyes for a Lack of Convergence? Cannabis **does** produce a Lack of Convergence, Cocaine doesn't. Therefore, the subject who is under the combined influence of Cannabis and Cocaine will exhibit a Lack of Convergence due to the independent effect of the Cannabis. This is an instance where the effects of the two drugs "overlap".

Another example of an Overlapping Effect would be the pupil size of a person who has taken PCP in combination with Heroin. PCP doesn't have any effect on pupil size, Heroin causes constricted pupils. Therefore, the combination would also cause the pupils to constrict.

The Overlapping Effect boils down to: **Action plus no action equals action**.

3. **The Additive Effect**

The Additive Effect occurs when two drug categories both affect some indicator of impairment in the same way. In combination, these effects reinforce each other.

Once again, think of the combination of Cocaine and Cannabis. What will we find when we check this subject's pulse rate? Cannabis produces Tachycardia, so does Cocaine. When the two drugs are taken together, we can expect to observe tachycardia because the drugs reinforce each other for that particular indicator of impairment. That is, the effect is additive.

The simplest way to express the Additive Effect is to say "something plus the same something produces that same something". One thing we can't say for certain is how much the two drugs will reinforce each other. Sometimes the reinforced effect is as simple as "one plus one equals two". But at other times, the combined effect is much greater than the individual contributions of the two drugs, e.g., on the order of "one plus one equals five". We use the term Additive Effect to cover all situations where two drugs impact on some indicator in the same way.

You have already noticed that we have used one particular drug combination, Cannabis and Cocaine, to furnish examples of all three kinds of effects covered so far. This drives home the important point that drug interactions are often complex, and involve a number of different mechanisms operating at the same time.

4. **The Antagonistic Effect**

The Antagonistic Effect occurs when two drug categories affect some indicator in exactly the opposite ways. This is a case of "action plus opposing action". For example, suppose we check the blood pressure of someone who is under the combined influence of Heroin and Cocaine; what are we likely to find?

The fact is, we're likely to find just about anything at all. The Heroin, independently, tends to produce hypotension, the Cocaine, independently, usually produces hypertension. The two drugs may offset each other, as far as blood pressure is concerned, and the subject's blood pressure may wind up normal. On the other hand, if the Cocaine's effects are starting to wear off and the Heroin is still active in the subject's body, we might find the blood pressure down. Conversely, if the Cocaine is active but the Heroin's effects have not yet reached their peak, we might find the blood pressure up. When we deal with an Antagonistic Effect, we simply can't predict what the outcome will be.

C. Identifying Expected Indicators of Specific Combinations

On the next page, you will find the Cumulative Drug Symptomatology Matrix. This lists all of the expected effects of each drug category on the major indicators of impairment, and summarizes the general indicators, time parameters and methods

of ingestion for each category. This matrix will be useful in identifying how specific combinations of drugs will interact to produce a variety of Null, Overlapping, Additive and Antagonistic Effects.

INDICATORS CONSISTENT WITH DRUG CATEGORIES

	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE ANESTHETICS	NARCOTIC ANALGESICS	INHALANTS	CANNABIS
HGN	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	NONE
VGN	PRESENT (HIGH DOSE)*	NONE	NONE	PRESENT	NONE	PRESENT (HIGH DOSE)*	NONE
LACK OF CONVERGENCE	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	PRESENT
PUPIL SIZE	NORMAL (1)	DILATED	DILATED	NORMAL	CONSTRICTED	NORMAL (4)	DILATED (6)
REACTION TO LIGHT	SLOW	SLOW	NORMAL (3)	NORMAL	LITTLE TO NONE VISIBLE	SLOW	NORMAL
PULSE RATE	DOWN (2)	UP	UP	UP	DOWN	UP	UP
BLOOD PRESSURE	DOWN	UP	UP	UP	DOWN	UP/DOWN (5)	UP
BODY TEMPERATURE	NORMAL	UP	UP	UP	DOWN	UP/DOWN/ NORMAL	NORMAL

*high dose for that particular individual

FOOTNOTE:
These indicators are those most consistent with the category, keep in mind that there may be variations due to individual reaction, dose taken and drug interactions.

1. SOMA, Quaaludes usually dilate pupils.
2. Quaaludes and ETOH may elevate.
3. Certain psychedelic amphetamines cause slowing.
4. Normal but may be dilated.
5. Down with anesthetic gases, up with volatile solvents and aerosols.
6. Pupil size possibly normal.

MAJOR INDICATORS	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE ANESTHETICS	NARCOTIC ANALGESICS	INHALANTS	CANNABIS
GENERAL INDICATORS	Disoriented Droopy Eyelids (Ptosis) Drowsiness Drunk-like behavior Flaccid muscle tone Gait Ataxia Slow, sluggish reactions Thick, slurred speech Uncoordinated *NOTE: With Methaqualone, pulse will be elevated and body tremors will be evident. Alcohol and Quaaludes elevate pulse. Soma and Quaaludes dilate pupils.	Anxiety Body tremors Dry mouth Euphoria Exaggerated reflexes Excited Eyelid/tremors Grinding teeth (Bruxism) Increased alertness Insomnia Irritability Redness to nasal area Restlessness Rigid muscle tone Runny nose Talkative	Body tremors Dazed appearance Difficulty w/speech Disoriented Flashbacks Hallucinations Memory loss Nausea Paranoia Perspiring Poor perception of time and distance Rigid muscle tone Synesthesia Uncoordinated NOTE: With LSD, piloerection may be observed (goose bumps, hair standing on end)	Blank stare Confused Chemical odor (PCP) Cyclic behavior (PCP) Difficulty w/speech Disoriented Early HGN Onset Hallucinations Incomplete verbal responses Increased pain threshold Loss of memory "Moon walking" (PCP) Non-communicative Perspiring (PCP) Possibly violent (PCP) Rigid muscle tone Sensory distortions Slow, slurred speech	Constricted pupils Depressed reflexes Drowsiness Droopy eyelids (Ptosis) Dry mouth Euphoria Facial itching Flaccid muscle tone Nausea "On the Nod" Puncture marks Slow, low, raspy speech Slowed breathing NOTE: Tolerant users exhibit relatively little psychomotor impairment.	Bloodshot, watery eyes Confusion Disoriented Flaccid or normal muscle tone Flushed face Intense headaches Lack of muscle control Non-communicative Odor of substance Possible nausea Residue of substance Slow, thick, slurred speech **NOTE: Anesthetic gases cause below normal blood pressure; volatile solvents and aerosols cause above normal blood pressure.	Body tremors Disoriented Debris in mouth Eyelid tremors Impaired perception of time& distance Increased appetite Marked reddening of conjunctiva Odor of Marijuana Possible paranoia Relaxed inhibitions
DURATION OF EFFECTS	Barbiturates: 1-16 hours Tranquilizers: 4-8 hours Methaqualone: 4-8 hours	Cocaine: 5-90 minutes Amphetamines: 4-8 hours Methamphetamines 12 hours	Duration varies widely from one hallucinogen to another.	PCP - Onset: 1-5 minutes Peak Effects: 15-30 minutes Exhibits effects up to 4-6 hours DXM - Onset: 15-30 min. Effects: 3-6 hrs	Heroin: 4-6 hours Methadone: Up to 24 hours Others: Vary	6-8 hours for most volatile solvents Anesthetic gases and aerosols - very short duration.	2-3 hours - exhibits effects (Impairment may last up to 24 hours, without awareness of effects.)
USUAL METHODS OF ADMINISTRATION	Oral Injected (occasionally)	Insufflation (snorting) Smoked Injected Oral	Oral Insufflation Smoked Injected Transdermal	Smoked (PCP) Oral Insufflation (PCP) Injected (PCP) Eye drops	Injected Oral Smoked Insufflated	Insufflated (Historically, have been taken orally.)	Smoked Oral
OVERDOSE SIGNS	Shallow breathing; Cold, clammy skin; Pupils dilated; Rapid, weak pulse Coma	Agitation; Increased body temperature; Hallucinations; Convulsions	Long intense "trip"	Long intense "trip"	Slow, shallow breathing; Clammy skin; Coma; Convulsions	Coma	Fatigue; paranoia

D. Specific Examples of Drug Combinations: An Exercise for the Student

On the final five pages of this session, you will find examples of specific drug combinations. The expected results for the first two of these combinations (Cannabis and Stimulants, and PCP and Heroin) have been worked out for you. Study those examples, then complete the work sheets for the three remaining combinations.

CANNABIS AND CNS STIMULANT IN COMBINATION

IMPAIRMENT INDICATOR	EFFECT DUE TO CANNABIS	EFFECT DUE TO CNS STIMULANT	TYPE OF COMBINED EFFECT	WHAT WILL WE SEE
HORIZONTAL GAZE NYSTAGMUS	NONE	NONE	NULL	NONE
VERTICAL GAZE NYSTAGMUS	NONE	NONE	NULL	NONE
LACK OF CONV.	PRESENT	NONE	OVERLAPPING	PRESENT
PUPIL SIZE	DILATED OR NORMAL	DILATED	OVERLAPPING OR ADDITIVE	DILATED
REACTION TO LIGHT	NORMAL	SLOW	OVERLAPPING	SLOW
PULSE RATE	UP	UP	ADDITIVE	UP
BLOOD PRESSURE	UP	UP	ADDITIVE	UP
BODY TEMP	NORMAL	UP	OVERLAPPING	UP

PCP AND HEROIN IN COMBINATION

IMPAIRMENT INDICATOR	EFFECT DUE TO PHENCYCLIDINE	EFFECT DUE TO HEROIN	TYPE OF COMBINED EFFECT	WHAT WILL WE SEE
HORIZONTAL GAZE NYSTAGMUS	PRESENT	NONE	OVERLAPPING	PRESENT
VERTICAL GAZE NYSTAGMUS	PRESENT	NONE	OVERLAPPING	PRESENT
LACK OF CONV.	PRESENT	NONE	OVERLAPPING	PRESENT
PUPIL SIZE	NORMAL	CONSTRICTED	OVERLAPPING	CONSTRICTED
REACTION TO LIGHT	NORMAL	LITTLE OR NONE VISIBLE	OVERLAPPING	LITTLE OR NONE VISIBLE
PULSE RATE	UP	DOWN	ANTAGONISTIC	DOWN/ NORMAL/UP
BLOOD PRESSURE	UP	DOWN	ANTAGONISTIC	DOWN/ NORMAL/UP
BODY TEMP	UP	DOWN	ANTAGONISTIC	DOWN/ NORMAL/UP

WORKSHEET #1

KETAMINE AND LSD

IMPAIRMENT INDICATOR	EFFECT DUE TO KETAMINE	EFFECT DUE TO LSD	TYPE OF COMBINED EFFECT*	WHAT WILL WE SEE
HORIZONTAL GAZE NYSTAGMUS				
VERTICAL GAZE NYSTAGMUS				
LACK OF CONV.				
PUPIL SIZE				
REACTION TO LIGHT				
PULSE RATE				
BLOOD PRESSURE				
BODY TEMP				

*Null; Overlapping; Additive; or, Antagonistic

WORKSHEET #2

CANNABIS AND CNS DEPRESSANT

IMPAIRMENT INDICATOR	EFFECT DUE TO CANNABIS	EFFECT DUE TO DEPRESSANT	TYPE OF COMBINED EFFECT*	WHAT WILL WE SEE
HORIZONTAL GAZE NYSTAGMUS				
VERTICAL GAZE NYSTAGMUS				
LACK OF CONV.				
PUPIL SIZE				
REACTION TO LIGHT				
PULSE RATE				
BLOOD PRESSURE				
BODY TEMP				

*Null; Overlapping; Additive; or, Antagonistic

WORKSHEET #3

CNS STIMULANT AND CNS DEPRESSANT

IMPAIRMENT INDICATOR	EFFECT DUE TO CNS STIMULANT	EFFECT DUE TO DEPRESSANT	TYPE OF COMBINED EFFECT*	WHAT WILL WE SEE
HORIZONTAL GAZE NYSTAGMUS				
VERTICAL GAZE NYSTAGMUS				
LACK OF CONV.				
PUPIL SIZE				
REACTION TO LIGHT				
PULSE RATE				
BLOOD PRESSURE				
BODY TEMP				

*Null; Overlapping; Additive; or, Antagonistic

SESSION XXV

PRACTICE: TEST INTERPRETATION

SESSION XXV PRACTICE: TEST INTERPRETATION

Upon successfully completing this session the student will be able to:

- Analyze the results of completed drug influence evaluations and identify the category or categories of drugs affecting the individual examined.

- Describe the basis for the drug category identification.

This session is similar to sessions XV and XVIII. You will once again review some drug influence evaluation "exemplars", consider all of the "evidence" they provide, and determine what categories of drugs -- if any -- are present. Now that we have covered all seven categories, you can expect to find any or all of the categories in these exemplars. Some exemplars might involve combinations of drug categories. Pay close attention to all of the information in these exemplars when making your determinations.

DRUG INFLUENCE EVALUATION

Evaluator: Tpr. Chris Erickson, M.S.P.	DRE No.: 5661	Rolling Log No.: 05-079	
Recorder/Witness: Tpr. Beth Stanton, M.S.P.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 05-779445
Arrestee's Name (Last, First MI): Allen, Thomas E.	DOB: 9-03-78	Sex: M	Race: W
Arresting Officer (Name, ID No.): Tpr. Beth Stanton, M.S.P.			
Date Examined/Time/Location: 03/21/05 2030 hrs, Dakota Co. Jail	Breath Results: ☐ Refused Instrument # 44773 .00%		Chemical Test ☐ Refused ☐ Urine ☒ Blood
Miranda Warning Given: ☒ Yes ☐ No By: Tpr. Stanton	What have you eaten today? When? Cookies "Few hours ago"	What have you been drinking? How much? Coffee 2 cups	Time of last drink: N/A
Time now? "No idea"	When did you last sleep? How long? "Don't remember"	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No	
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Cooperative, slow, disinterested	Coordination: disoriented, unsteady	
	Breath: Stale odor	Face: Normal	
Speech: Slow, Thick	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☒ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy

Pulse and time

1. 112 / 2040
2. 114 / 2056
3. 112 / 2110

HGN

	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

Vertical Nystagmus ☐ Yes ☒ No

Convergence: Right eye / Left eye

One Leg Stand: 15 (L) 27

Romberg Balance

2" 2" 2" 2"

Eyelid Tremors

(Circular Sway)

Walk and Turn test

(Lower body tremors)

Cannot keep balance: √√

Starts too soon:

	1st Nine	2nd Nine
Stops walking		
Misses heel to toe		
Steps off line		
Raises arms	√√√	√√√
Actual # steps	9	9

L	R	
√	√	Sways while balancing
√	√	Uses arms to balance
☐	☐	Hopping
√	√	Puts foot down

Type of footwear: Sandals

Internal clock: 43 Est. as 30 seconds

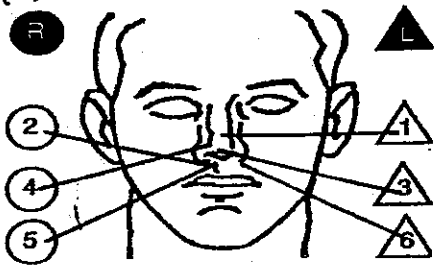
Describe Turn: As instructed, but slow

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched

(Eyelid Tremors)



Pupil Size	Room Light	Darkness	Direct
Left	5.5	7.0	5.0
Right	5.5	7.0	5.0

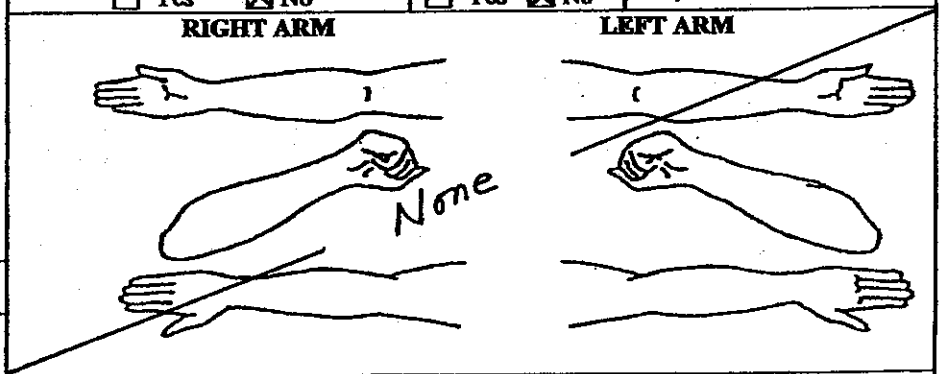
Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Oral cavity: Brownish, green coating on tongue

Reaction to Light: Normal

RIGHT ARM / **LEFT ARM**



Blood pressure: 140 / 100

Temperature: 98.6° f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? "Nothing" N/A

Time of use? No answer

Where were the drugs used? (location) No answer

Date/Time of Arrest: 03/21/05, 2010 hrs.

Time DRE Notified: 2020 hrs.

Evaluation Start Time: 2030 hrs.

Time Completed: 2140 hrs.

DRE signature (include rank): Chris Erickson

ID #: 5661

Reviewed by: J. Marose

Opinion of evaluator:

☐ Rule Out ☐ Medical ☐ Alcohol ☐ CNS Depressant ☐ CNS Stimulant ☐ Hallucinogen ☐ Dissociative Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Allen, Thomas E.

1. **LOCATION:** The evaluation of Thomas Allen took place in the interview room at the Dakota County Jail.

2. **WITNESSES:** Arresting officer, Trooper Beth Stanton of the Minnesota State Patrol witnessed and recorded the evaluation.

3. **BREATH ALCOHOL TEST:** Trooper Stanton administered a breath test to Allen with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was on duty when contacted by Tpr. Stanton requesting a drug evaluation. Writer met Tpr. Stanton at the Dakota County Jail and she advised that she had arrested Allen for DUI after observing his vehicle without headlights and driving 15 mph under the posted speed limit. The suspect seemed disoriented and had slow, unsteady movements. He had poor balance and coordination and was unable to perform the SFST's as directed.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the jail. He was seemed disinterested in what was going on around him. He had poor coordination and balance. His speech was slow and thick.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had an approximate 2" circular sway and estimated 30 seconds in 43 seconds. Walk & Turn: Suspect lost his balance during the instructions stage and raised his arms for balance. He also had lower body tremors when performing the test. One Leg Stand: Suspect swayed while balancing, used his arms for balance and put his foot down. Finger to Nose: Suspect missed the tip of his nose on five of the six attempts and exhibited eyelid tremors.

8. **CLINICAL INDICATORS:** Suspect had a Lack of Convergence. His pupils were dilated in room light and direct light. His pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had a brownish-green coating on his tongue.

10. **SUSPECT'S STATEMENTS:** Suspect denied using drugs.

11. **DRE'S OPINION:** In my opinion Allen is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** Suspect had eyelid and body tremors throughout the evaluation.

DRUG INFLUENCE EVALUATION

Evaluator: Petrona Cummings, LAPD	DRE No.: 10176	Rolling Log No.: 05-08-15	
Recorder/Witness: Sgt. Mike Delgadillo	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 05-776810

Arrestee's Name (Last, First MI)	DOB	Sex	Race	Arresting Officer (Name, ID No.)
Brown, Jerome A.	4-06-77	M	B	Ofc. Helen Pallares, LAPD

Date Examined/Time/Location	Breath Results: ☐ Refused Instrument #	Chemical Test ☐ Refused
08/21/05, 2210, Parker Center	451130 .00 %	☒ Urine ☐ Blood

Miranda Warning Given: ☐ Yes ☐ No	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
By: Ofc. Pallares	No response	No response	N/A

Time now?	When did you last sleep? How long?	Are you sick or injured? ☐ Yes ☐ No	Are you diabetic or epileptic? ☐ Yes ☐ No
No response	"Eat? "I had a hot dog"	"Nothing"	No response

Do you take insulin? ☐ Yes ☐ No	Do you have any physical defects? ☐ Yes ☐ No	Are you under the care of a doctor or dentist? ☐ Yes ☐ No
No response	"I didn't drink anything"	No response

Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude:	Coordination:
Answered, "No" very slow	Passive, Non-responsive	Very poor, staggering
	Breath: Odor of marijuana	Face: Sweaty, Blank stare

Speech:	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☒ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Slow, repetitive at times	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft			

Pulse and time

1. 108 / 2218
2. 110 / 2230
3. 108 / 2242

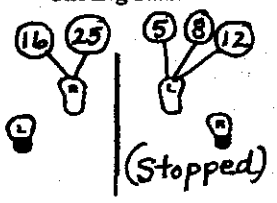
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	Yes	Yes
Maximum deviation	Yes	Yes
Angle of onset	30°	30°

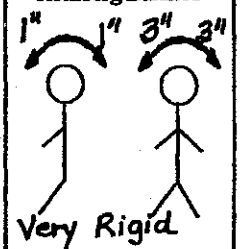
Vertical Nystagmus ☒ Yes ☐ No

Convergence: Right eye ● ● Left eye

One Leg Stand

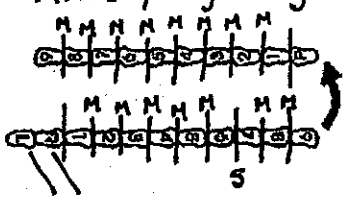


Romberg Balance



Walk and Turn test

Arms & Legs rigid



Cannot keep balance	✓✓
Starts too soon:	

	1st Nine	2nd Nine
Stops walking	✓	
Misses heel to toe	All Steps	
Steps off line		
Raises arms	✓✓✓✓	✓✓✓
Actual # steps	9	9

L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

Type of footwear: Running Shoes

Internal clock: 55 (Est. as 30 seconds)

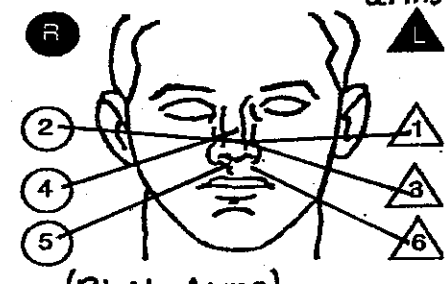
Describe Turn: Did not leave front foot stationary

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched

Had to be reminded to lower arms



(Rigid Arms)

Pupil Size	Room Light	Darkness	Direct
Left	5.5	7.5	5.0 – 7.5
Right	5.5	7.5	5.0 – 7.5

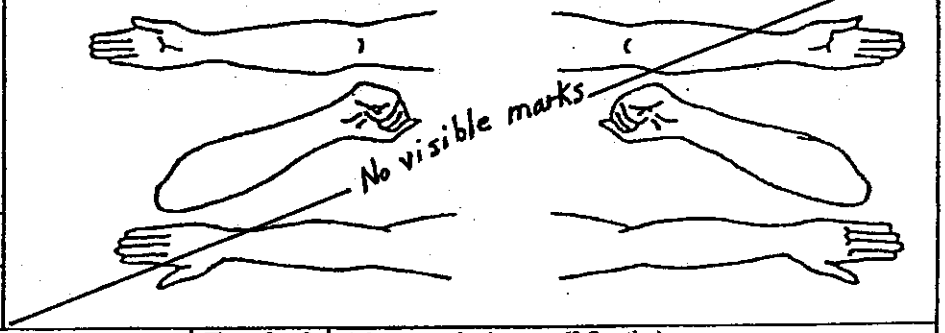
Oral cavity: Green material in teeth

Hippus: ☐ Yes ☒ No

Rebound dilation: ☒ Yes ☐ No

Reaction to Light: Normal

RIGHT ARM **LEFT ARM**



Blood pressure	Temperature
148/102	99.8 °f

Muscle tone: ☐ Near normal ☐ Flaccid ☒ Rigid

Comments:

What medication or drug have you been using? How much?	Time of use?	Where were the drugs used? (location)
No response (Blank stare)	No response	"I'm not saying"

Date/Time of Arrest	Time DRE Notified	Evaluation Start Time	Time Completed
08/21/05 2130 hrs.	2145	2210	2305

DRE signature: (include rank)	ID #	Reviewed by:
P. Cummings	10176	Mike Delgadillo

Opinion of evaluator: ☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Brown, Jerome A.

1. **LOCATION:** The evaluation was conducted in the interview room at Parker Center.

2. **WITNESSES:** Sgt. Mike Delgadillo of the LAPD DRE Unit witnessed the evaluation.

3. **BREATH ALCOHOL TEST:** The arresting officer, Officer Helen Pallares of the LAPD administered a breath test to Brown with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by telephone by Officer Pallares requesting a drug evaluation. Writer and Sgt. Delgadillo contacted Officer Pallares at Parker Center where it was determined that the suspect had nearly hit an officer working a sobriety checkpoint detail. The suspect was non-responsive when contacted. He had a blank stare and was sweating profusely. He performed very poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the Parker Center interview room. He was looking straight ahead with a blank stare. When asked questions he was slow to respond and at times did not respond at all. He was perspiring heavily and his speech was slow. When he stood, he would stagger and nearly fell several times.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had an approximate 3" side to side sway and estimated 30 seconds in 55 seconds. Walk & Turn: Suspect lost his balance during the instructions, stopped once while walking, missed heel to toe on every step and used his arms for balance. One Leg Stand: On the right foot the suspect lost his balance and nearly fell and the test was stopped. He also swayed and used his arms for balance. Finger to Nose: Suspect missed the tip of his nose on each attempt and kept his finger in contact with his face on each attempt.

8. **CLINICAL INDICATORS:** Suspect had HGN, VGN, Lack of Convergence and Rebound Dilation. His pulse, blood pressure and temperature were above the normal ranges.

9. **SIGNS OF INGESTION:** Suspect had a marijuana odor on his breath and green vegetable material in his teeth.

10. **SUSPECT'S STATEMENTS:** Suspect denied using any medication or drugs.

11. **DRE'S OPINION:** In my opinion Brown is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

DRUG INFLUENCE EVALUATION

Evaluator: Ofc. Jon Gonzales, Los Alamos PD	DRE No.: 4184	Rolling Log No.: 05-05-010	
Recorder/Witness: Lt. Murray Conrad, A.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case #: 05-05-74480	

Arrestee's Name (Last, First MI): Cole, Ricky L.	DOB: 6-04-88	Sex: M	Race: W	Arresting Officer (Name, ID No.): Ofc. Christine Frank, APD #5500

Date Examined/Time/Location: 05-07-05, 0200, Albuquerque P.D.	Breath Results: ☐ Refused Instrument # 45704 0.00 %	Chemical Test ☐ Refused ☐ Urine ☒ Blood

Miranda Warning Given: ☒ Yes ☐ No By: Ofc. Frank	What have you eaten today? When? Sandwich "Don't Remember"	What have you been drinking? How much? Mountain Dew 1	Time of last drink? N/A	
Time now? 9 pm	When did you last sleep? Last night	How long? All night	Are you sick or injured? ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No		
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Withdrawn, Passive	Coordination: Poor, stumbling		
	Breath: Chemical odor	Face: Flushed		
Speech: Slow, slurred, raspy	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☒ Bloodshot ☒ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal	
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: ☒ Normal ☐ Droopy	

Pulse and time

1. 102 / 0210
2. 104 / 0222
3. 104 / 0232

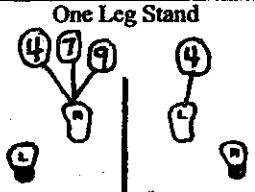
HGN

	Left Eye	Right Eye
Lack of smooth pursuit	yes	yes
Maximum deviation	yes	yes
Angle of onset	35°	35°

Vertical Nystagmus ☒ Yes ☐ No

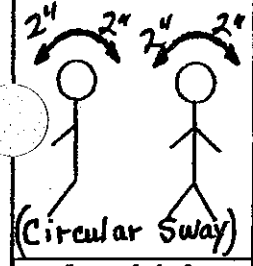
Convergence: Right eye ✓ Left eye ✓

One Leg Stand



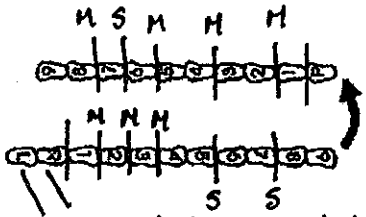
(Nearly Fell)

Romberg Balance



(Circular Sway)

Walk and Turn test



Repeatedly requested instructions

	1st Nine	2nd Nine
Cannot keep balance	✓	✓
Starts too soon:		
Stops walking	✓✓	✓
Misses heel to toe	✓✓✓	✓✓✓✓
Steps off line		✓
Raises arms	✓✓	✓✓✓
Actual # steps	9	9

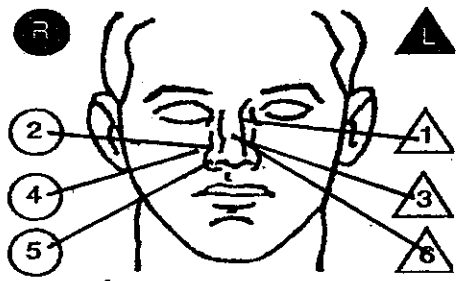
L	R	
☐	☐	Sways while balancing
☐	☐	Uses arms to balance
☐	☐	Hopping
✓✓	✓	Puts foot down

Type of footwear: Flat shoes

Internal clock: 90 Est. as 30 seconds	Describe Turn: Very slow, stiff movements	Cannot do test (explain): N/A

Nasal area: Runny nose, Paint smears on face

Draw lines to spots touched



(Swaying) (opened eyes)

Pupil Size	Room Light	Darkness	Direct
Left	5.0	6.5	4.5
Right	5.0	6.5	4.5

Hippus: ☐ Yes ☒ No

Rebound dilation: ☐ Yes ☒ No

Reaction to Light: Normal

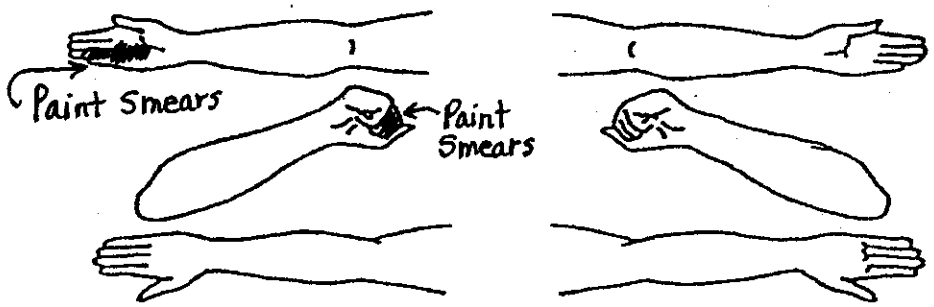
Oral cavity: Clear

Blood pressure: 142/98	Temperature: 98.8 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

RIGHT ARM **LEFT ARM**



What medication or drug have you been using? How much? "Nothing" No answer	Time of use? No Answer	Where were the drugs used? (location) No answer	
Date/Time of Arrest: 05-07-05 0130 hrs.	Time DRE Notified: 0145	Evaluation Start Time: 0200 hrs.	Time Completed: 0250 hrs.
DRE signature (Include rank): Jon Gonzales	ID #: 4184	Reviewed by: M. Conrad	

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Cole, Ricky L.

1. **LOCATION:** The evaluation of Ricky Cole was conducted in the interview room at the Albuquerque Police Department.

2. **WITNESSES:** Lt. Murray Conrad of the Albuquerque Police Department.

3. **BREATH ALCOHOL TEST:** The arresting officer, Christine Frank of the Albuquerque Police Department administered a breath test to Cole with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer and Lt. Conrad were conducting DRE certification training at A.P.D. when contacted by Officer Frank requesting a drug evaluation. Officer Frank advised she detained the suspect after observing him fail to stop at a red traffic light at Central Ave. and University Blvd. The suspect's speech was slow and slurred. He had gold paint on his hands and clothing. He performed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at A.P.D. He appeared passive and withdrawn. He had poor balance and coordination. He swayed as he stood and stumbled several times when walking. Gold paint smears were visible on his hands, face and shirt.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: The suspect swayed approximately 2" in a circular motion and estimated 30 seconds in 90 seconds. When asked how he estimated the 30 seconds the suspect stated, "I don't know." Walk & Turn: The suspect lost his balance twice during the instructions, stopped walking and missed heel to toe. One Leg Stand: The suspect was unable to maintain his balance and the test was stopped for safety reasons. Finger to Nose: The suspect was unable to touch the end of his nose on any of the six attempts, repeatedly opened his eyes and swayed noticeably.

8. **CLINICAL INDICATORS:** The suspect had HGN, Vertical Gaze Nystagmus and Lack of Convergence. His pulse and blood pressure were above the normal range.

9. **SIGNS OF INGESTION:** The suspect had a chemical-like odor on his breath and paint smears on his hands and face.

10. **SUSPECT'S STATEMENTS:** Suspect denied using any medication or drugs.

11. **DRE'S OPINION:** In my opinion Cole is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

DRUG INFLUENCE EVALUATION

Evaluator: SGT. JOE MARCANTONIO, E.B.P.D.	DRE No.: 4429	Rolling Log No.: 05-10-042	
Recorder/Witness: OFC. J. ANGERMEIR, E.B.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case #: 05-47745	

Arrestee's Name (Last, First MI): DAVIS, PAUL M.	DOB: 01-21-75	Sex: M	Race: W	Arresting Officer (Name, ID No.): OFC. J. ANGERMEIR, E.B.P.D.

Date Examined/Time/Location: 10-02-05 1925, EAST BRUNSWICK P.D.	Breath Results: ☐ Refused Instrument # 43210 0.00 %	Chemical Test ☐ Refused ☐ Urine ☒ Blood

Miranda Warning Given: ☒ Yes ☐ No By: ANGERMEIR	What have you eaten today? PANCAKES	When? 7 AM	What have you been drinking? How much? NOTHING N/A	Time of last drink? N/A

Time now? MIDNIGHT	When did you last sleep? How long? I DONT REMEMBER	Are you sick or injured? ☒ Yes ☐ No "I FEEL SICK"	Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No

Are you taking any medication or drugs? ☐ Yes ☐ No "I'M CLEAN"	Attitude: COOPERATIVE, SLOW	Coordination: POOR, UNSTABLE	
	Breath: NORMAL	Face: APPEARS DROWSY	
Speech: SLOW, LOW, RASPY	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: VERY ☐ Normal ☒ Droopy

Pulse and time
1. 56 / 1935
2. 60 / 1950
3. 56 / 2005

HGN

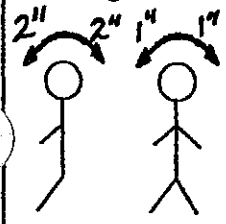
	Left Eye	Right Eye
Lack of smooth pursuit	NO	NO
Maximum deviation	NO	NO
Angle of onset	NONE	NONE

Vertical Nystagmus ☐ Yes ☒ No

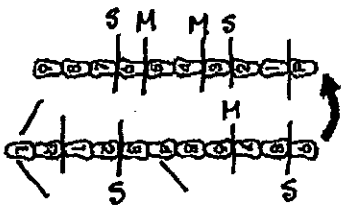
Convergence (Right eye / Left eye)

One Leg Stand: TEST STOPPED

Romberg Balance



Walk and Turn test



Cannot keep balance	✓✓
Starts too soon:	

	1st Nine	2nd Nine
Stops walking	✓✓	✓✓
Misses heel to toe	✓	✓✓
Steps off line	✓	
Raises arms	✓✓	✓✓✓
Actual # steps	9	9

L	R	
☐	☐	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

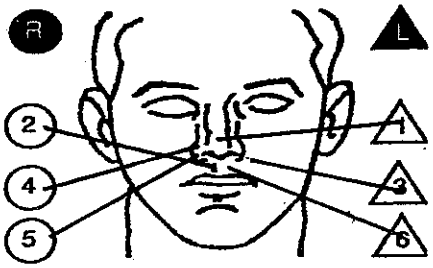
Type of footwear: LACE UP BOOTS

Internal clock: 58 Est. as 30 seconds	Describe Turn: LOST BALANCE, STAGGERED TO RIGHT	Cannot do test (explain): N/A

Nasal area: CLEAR

Draw lines to spots touched

SLOW MOVEMENTS



KEPT LEANING FORWARD

Pupil Size	Room Light	Darkness	Direct
Left	1.5	1.5	1.5
Right	1.5	1.5	1.5

Hippus. ☐ Yes ☒ No

Rebound dilation ☐ Yes ☒ No

Oral cavity: CLEAR

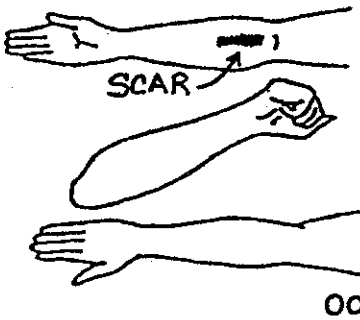
Reaction to Light: NONE VISIBLE

Blood pressure: 110 / 60	Temperature: 97.5°f

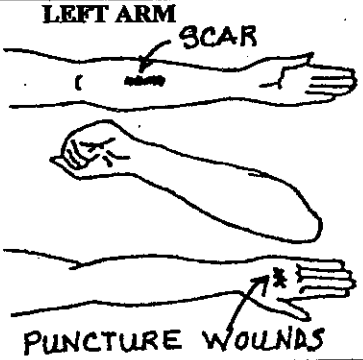
Muscle tone: ☐ Near normal ☒ Flaccid ☐ Rigid

Comments:

RIGHT ARM



LEFT ARM



OOZING PUNCTURE WOUNDS

What medication or drug have you been using? How much? "I'M NOT USING"		Time of use? NO ANSWER	Where were the drugs used? (location) NO ANSWER
Date/Time of Arrest: 10-02-05 1900 HRS.	Time DRE Notified: 1915 HRS.	Evaluation Start Time: 1925 HRS.	Time Completed: 2030 HRS.
DRE signature (Include rank): Sgt.	ID #: 4429	Reviewed by:	

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant	
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Davis, Paul M.

1. **LOCATION:** The evaluation of Paul Davis took place in the interview room at the East Brunswick Police Department.

2. **WITNESSES:** Officer James Angermeir of the East Brunswick Police Department.

3. **BREATH ALCOHOL TEST:** A/O Angermeir administered a breath test to Davis with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to contact Officer Angermeir for a drug evaluation. Officer Angermeir advised that he had located the suspect slumped over behind the steering wheel of his vehicle parked along the shoulder of E. Main Street. The vehicle was in drive and his foot was on the brake. The suspect's speech was slow, low and raspy. His coordination was poor and he was very unstable on his feet. He performed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at E.B.P.D. He appeared drowsy and was having difficulty keeping his eyes open. His head was nodding forward and he had very droopy eyelids. His voice was slow, low and raspy and his pupils appeared to be constricted.

6. **MEDICAL PROBLEMS AND TREATMENT:** The suspect said he felt sick.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 1" side to side, 2" front to back and estimated 30 seconds in 58 seconds. Walk & Turn: Suspect lost his balance during the instructions, stopped walking, missed heel to toe, stepped off the line and used his arms for balance. One Leg Stand: Suspect was unable to perform the test and it was terminated for safety. Finger to Nose: Suspect missed the tip of his nose on each attempt and his movements were slow and his head was leaning forward towards his chest.

8. **CLINICAL INDICATORS:** Suspect's pupils were constricted and showed no visible reaction to light. His pulse, blood pressure and temperature were below the normal ranges.

9. **SIGNS OF INGESTION:** Subject had several old track marks on both arms and had three fresh oozing puncture wounds on the back of his left hand.

10. **SUSPECT'S STATEMENTS:** The suspect made several references to being "clean."

11. **DRE'S OPINION:** In my opinion Davis is under the influence of a _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

DRUG INFLUENCE EVALUATION

Evaluator: SGT. JON BONAR, FT. WAYNE P.D.	DRE No.: 1550	Rolling Log No.: 05-017	
Recorder/Witness: RICHIE TUCKER, W.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 98445-05

Arrestee's Name (Last, First MI): ELLIOTT, JOHN B.	DOB: 06-1-88	Sex: M	Race: W	Arresting Officer (Name, ID No.): SGT. FRED ILNICKI, I.P.D.

Date Examined/Time/Location: 11-05-05, 2100 HRS.	Breath Results: ☐ Refused Instrument # 51547 .00 %	Chemical Test ☐ Refused ☒ Urine ☐ Blood

Miranda Warning Given: ☒ Yes ☐ No By: SGT. ILNICKI	What have you eaten today? TACOS	When? LUNCH	What have you been drinking? How much? "I DON'T DRINK"	Time of last drink? N/A

Time now? "DON'T KNOW"	When did you last sleep? TODAY	How long? 2 HRS.	Are you sick or injured? ☐ Yes ☒ No "I'M OKAY"	Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: EMOTIONAL CHANGES (LAUGHING/CRY)	Coordination: POOR, STUMBLING
	Breath: NORMAL	Face: FLUSHED, SWEATY

Speech: MUMBLED, INCOHERENT	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left Eye ☐ Right Eye	Tracking: ☒ Equal ☐ Unequal
Corrective lens: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☒ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☒ Yes ☐ No	Eyelids: WIDE OPEN ☐ Normal ☐ Droopy

Pulse and time
1. 116 / 2110
2. 108 / 2130
3. 112 / 2145

HGN

	Left Eye	Right Eye
Lack of smooth pursuit	NO	NO
Maximum deviation	NO	NO
Angle of onset	NONE	NONE

Vertical Nystagmus ☐ Yes ☒ No

Convergence — Right eye / Left eye

One Leg Stand: TEST STOPPED

Romberg Balance: 2" 2" 4" 4" — TEST STOPPED

Walk and Turn test: TEST STOPPED – COULD NOT STAND HEEL TO TOE

Cannot keep balance	✓ ✓ ✓
Starts too soon:	

	1st Nine	2nd Nine
Stops walking		
Misses heel to toe		
Steps off line		
Raises arms		
Actual # steps		

L	R	
✓	☐	Sways while balancing
✓	☐	Uses arms to balance
☐	☐	Hopping
✓	☐	Puts foot down

Type of footwear: COMBAT BOOTS

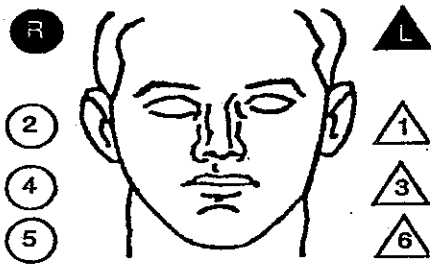
Internal clock: N/A – Est. as 30 seconds

Describe Turn: N/A

Cannot do test (explain): LOST BALANCE 3 TIMES

Nasal area: CLEAR

Draw lines to spots touched



TEST STOPPED – NEARLY FELL

Pupil Size	Room Light	Darkness	Direct
Left	6.5	8.5	6.0
Right	6.5	8.5	6.0

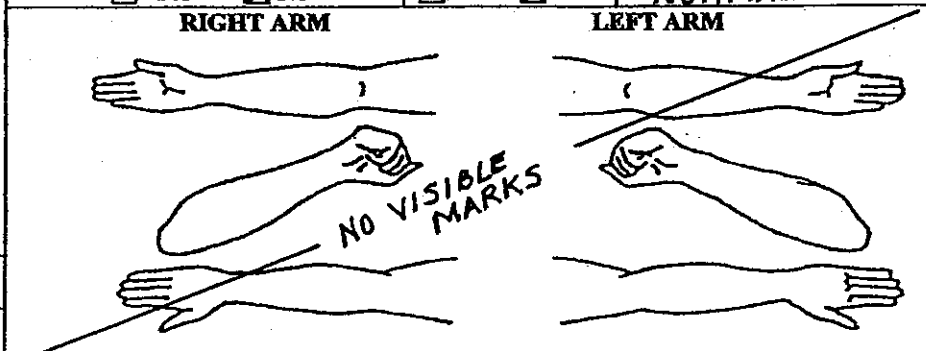
Hippus. ☐ Yes ☒ No

Rebound dilation ☐ Yes ☒ No

Oral cavity: CLEAR

Reaction to Light: NORMAL

RIGHT ARM **LEFT ARM**



Blood pressure: 156/102

Temperature: 99.8 °f

Muscle tone: ☒ Near normal ☐ Flaccid ☐ Rigid

Comments:

What medication or drug have you been using? How much? NO ANSWER, STARTING LAUGHING	Time of use? NO ANSWER	Where were the drugs used? (location) NO ANSWER – LAUGHING

Date/Time of Arrest: 11-05-05 2030 HRS.	Time DRE Notified: 2045	Evaluation Start Time: 2100	Time Completed: 2210
DRE Signature (include rank): SGT. Jon Bonar	ID #: 1550	Reviewed by:	

Opinion of evaluator:
☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Elliott, John B.

1. **LOCATION:** The evaluation of John Elliott was conducted at the Adult Processing Center (APC) in Indianapolis.

2. **WITNESSES:** Deputy Chief Richie Tucker of the Winchester Police Department.

3. **BREATH ALCOHOL TEST:** Sergeant Fred Ilnicki of the Indianapolis Police Department administered a breath test to Elliott with a 0.00% result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** The writer was on-duty and assisting with DRE field certifications at the A.P.C. when contacted by Sergeant Ilnicki requesting a drug evaluation. According to Sergeant Ilnicki, the suspect had just left a concert at the RCA Dome and was stopped for driving without headlights and for failure to yield the right of way. The suspect was acting very strange. He was highly emotional and his speech was incoherent at times. He preformed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at A.P.C. He had very poor balance and stumbled when he walked. He appeared to be very emotional. At times he was laughing uncontrollably and then would start to cry. His speech was mumbled and mostly incoherent. His pupils appeared dilated.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect was swaying approximately 2" front to back and 4" side to side until losing his balance and the test was stopped for safety reasons. Walk & Turn and One Leg Stand: Suspect was unable to perform the tests. Both were terminated for the suspect's safety. Finger to Nose: The suspect was unable to complete this test and it was also stopped for safety reasons.

8. **CLINICAL INDICATORS:** The suspect's pupils were dilated in all three lighting conditions. His pulse, blood pressure and temperature were above the normal ranges.

9. **SIGNS OF INGESTION:** None noted or stated.

10. **SUSPECT'S STATEMENTS:** When asked about drug use, the suspect started laughing.

11. **DRE'S OPINION:** In my opinion Elliott is under the influence of _____ and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

13. **MISCELLANEOUS:**

SESSION XXVI

PREPARING THE NARRATIVE REPORT

SESSION XXVI PREPARING THE NARRATIVE REPORT

Upon successfully completing this session the student will be able to:

- Discuss the essential elements of the drug influence evaluation report.
- Prepare a clear and concise narrative description of the results of the drug influence evaluation.

The Importance of Documentation

Successful prosecution of a DRE case will depend, more than anything else, on the evidence that **you** supply, and on how clearly and convincingly you **present** that evidence. The chemist or toxicologist may also be able to provide some important evidence, but the results of the blood or urine analysis definitely play a supportive, or corroborative role. The chemical test simply cannot prove that the subject was impaired, or under the influence at the time the violation occurred. It is up to you to prove that, and to prove that the nature of the impairment was consistent with some category or categories of drugs. Your observations, examinations and your expertise are the prosecution's strongest weapons. In some cases, they will be the only weapons. You have to get your evidence across, and you have to make it as believable as possible. You start doing this in your DRE report.

The Components of the Drug Influence Evaluation Report

The DRE report has two major components. The first is the standard Drug Influence Evaluation face sheet. Its purpose is to document the results of all observations and examinations that you personally made of the subject. This face sheet is a unique document. It is used by every law enforcement agency that participates in the Drug Evaluation and Classification program. It contains some very important information, and it must be filled out accurately and completely. Every box on the face sheet should be completed. The face sheet does not constitute the entire DRE report. A **narrative** section also must be prepared. The narrative section must be a clear, plain English, detailed rendition of all evidence obtained during all twelve components of the DRE examination, including the breath test result; the information obtained from your interview of the arresting officer; statements, actions, gestures, etc. made by the subject; paraphernalia found in the subject's possession; to name a few. Bear in mind that the face sheet is a **technical document**. As a DRE, you must be very familiar with the face sheet, and with its various symbols, and abbreviations. However, many prosecutors, most judges and virtually all jurors won't know how to interpret the face sheet. It is up to you to "translate" the face sheet and all other evidence into language that they can understand. That's where the narrative section of your report comes in.

Standard Procedures for Completing the Face Sheet

The Drug Influence Evaluation face sheet should be completed in its entirety, every time you conduct an evaluation of a person suspected of drug impairment. Follow the guidelines given in the paragraphs below every time you complete a face sheet.

In order to assist with the interpretation of the information on the face sheet, boxes on the face sheet should not be left blank. It is recommended that "N/A" or "None Observed" be used.

The first two lines of the standard drug influence evaluation report consists of spaces to record data consistent with your department's standard operating procedures.

EVALUATOR:	DRE No.	Rolling Log No.		
Recorder/Witness	Crash: ☐None ☐ Fatal ☐Injury ☐Property			

On the next three full lines of the report, you will record identifying information about the subject, the arresting officer, and the time and place where the DRE examination was conducted. You will also note the results of the breath test (if available), and note the type of sample (blood or urine) collected for drug analysis. You will indicate whether the subject was admonished of his or her constitutional rights in accordance with the Miranda ruling, and if so, by whom.

ARRESTEE'S NAME *(LAST, FIRST, MI)*	DOB	SEX	RACE	Arresting Officer (Name, ID No.)	
DATE EXAMINED/TIME/LOCATION	BREATH RESULTS: ☐Refused Instrument #			CHEMICAL TEST ☐Urine ☐Blood ☐Refused	
MIRANDA WARNING GIVEN: ☐Yes ☐No By:	What have you eaten today? When?			What have you been drinking? How much?	Time of last drink?

Starting on the sixth line, and continuing through the tenth line, you will record the results of the preliminary examination of the subject. If the subject merely responds "yes" or "no" to a question, you may simply put a mark through the appropriate box on the right side of the space provided for the question. But if they embellish the response, you should use the space provided to document the response. For example, if the subject were to answer the question "what have you eaten today" in an obviously false or ridiculous manner ("I haven't eaten for six years"), you should record that answer verbatim.

Time Now?	When did you last sleep? How long?	Are you sick or injured? ☐Yes ☐No	Are you diabetic or epileptic? ☐Yes ☐No	
Do you take insulin? ☐Yes ☐No		Do you have any physical defects? ☐Yes ☐No	Are you under the care of a doctor or dentist? ☐Yes ☐No	
Are you taking any medication or drugs? ☐Yes ☐No		ATTITUDE	COORDINATION	
		BREATH	FACE	
SPEECH		EYES: ☐Reddened Conjunctiva ☐Normal ☐Bloodshot ☐Watery	Blindness: ☐None ☐L Eye ☐R Eye	Tracking: ☐Equal ☐Unequal
CORRECTIVE LENS: ☐None ☐Glasses ☐Contacts, if so ☐Hard ☐Soft		PUPIL SIZE: ☐Equal ☐Unequal (explain)	Able to follow stimulus: ☐Yes ☐No	Eyelids: ☐Normal ☐Droopy

After completing the preliminary questioning of the subject, be sure to record brief descriptions of their attitude, coordination, speech, breath and facial appearance. Check to determine the type of corrective lenses the subject is wearing, if any, and record the general appearance of the subject's eyes. Be sure to indicate whether the subject is or claims to be blind in either eye. Check the subject's tracking ability (just as you would test for lack of smooth pursuit). While you are assessing the subject's tracking ability, you can also perform a preliminary assessment of whether horizontal gaze nystagmus is present in the subject's eyes. In particular, if the nystagmus or "jerking" is observed, an initial estimation of the angle of onset can be made. The approximate angle of onset may help to determine whether the subject has consumed some drug other than alcohol. Note whether the subject's pupils are of equal size, and the condition of their eyelids.

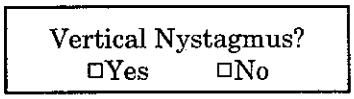
Almost midway down the form, and on the left side, is the space to record the three measurements of the subject's pulse that are required during the DRE examination. Always record the pulse in beats per minute. For example, since you use a 30 second interval to count the pulse, be sure to multiply the count by two, and record that result on the form. Also, always record the time at which each pulse count was taken.

PULSE & TIME
1. ____/____
2. ____/____
3. ____/____

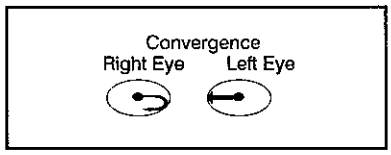
Record the results of the checks for Horizontal Gaze Nystagmus, Vertical Gaze Nystagmus and Lack of Convergence in the spaces at the center of the form. For HGN, write the word "YES" to indicate that there was a Lack of Smooth Pursuit, and write "NO" if the eye does pursue smoothly. In other words, "YES" means that evidence of HGN is present and "NO" means that the evidence wasn't found. Similarly, along the "Max. Deviation" line, write "YES" if there is distinct and sustained jerking when the eye is held as far to the side as possible, and write "NO" if the eye does not jerk distinctly. Along the "Angle of Onset" line, write the number of degrees at which the jerking first is noticed; estimate the angle to the nearest five degrees (i.e., 30, 35, 40, etc.). If the eyes actually jerk while the subject stares straight ahead, write the word "RESTING" on the "Angle of Onset" line. If the jerking begins before the eye has moved to the 30-degree point, write the word "IMMEDIATE". Be sure to check each eye independently, and record the evidence of HGN separately for each eye.

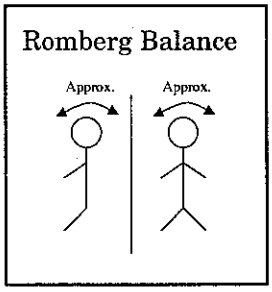
HGN	Left Eye	Right Eye
Lack of Smooth Pursuit		
Max. Deviation		
Angle of Onset		

For the Vertical Gaze Nystagmus test, simply check either the "YES" or "NO" box, depending on whether the evidence was present or absent.

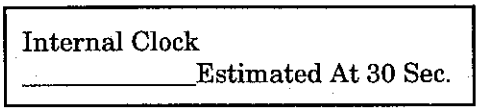


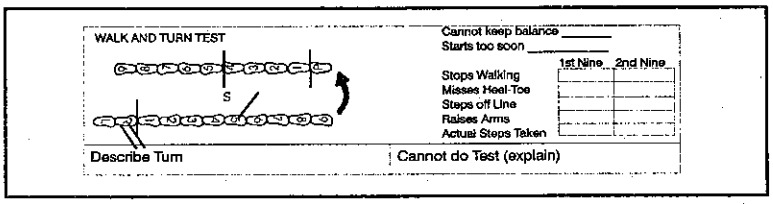
For the Convergence test, draw a circle in the middle of each "eye socket" provided on the form, and connect arrows to the circles to depict how the eyes moved when the test was given. For example, the sketch at the right shows that the left eye converged properly, while the right started to move in, and then drifted back out.





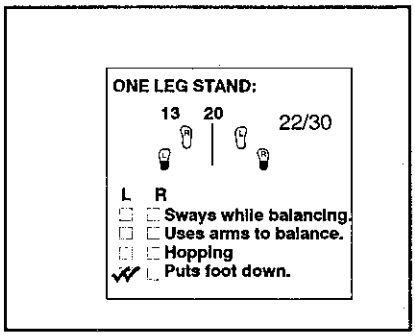
Spaces are provided to record in detail the subject's performance of the four divided attention tests. Make sure that the Romberg Balance test is the first one that you administer. The two "stick figures" are used to indicate how much the subject sways while standing with the eyes closed. The figure on the left (with only one arm and one leg visible) is used to depict front to back swaying; at the arrow points above the "head", write the approximate number of inches the subject sways forward and backwards from center. The figure on the right (with two arms and legs) is used to depict side to side swaying. If the subject sways in a circular manner, indicate by writing "Circular Swaying" across the "stick figures". In the space marked "Internal Clock", write the number of seconds that the subject actually stood with the eyes closed, while he or she attempted to estimate the passage of 30 seconds.





For the Walk and Turn test, you must diagram how the subject walked, and you must indicate how often each of the eight validated clues was observed. On the diagram of steps, when the subject steps off the line, indicate with half a slash mark at an angle in the direction the step was taken. The sketch to the left, for example, diagrams a test on which the subject moved the right foot to the side twice while listening to the instructions; stepped off the line toward the left on the fifth step; and stopped after the fourth step on the way back down the line after turning. If the subject misses heel to toe, indicate it with a slash mark between the feet with an "M" marked underneath. If the subjects stops walking, indicate that with a slash mark between the feet with an "S" marked underneath.

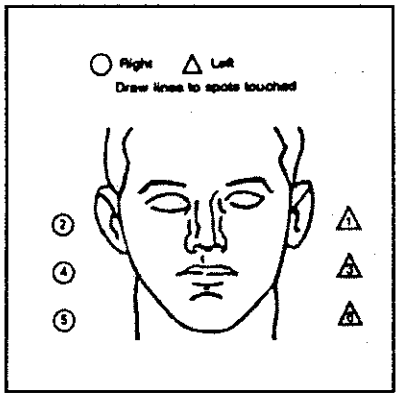
Anything else that is unusual or note-worthy about how the subject walked should be indicated in writing near the diagram (e.g., "stopped counting aloud after the third step"). In the spaces provided to the right of the diagram of the feet, use check marks to record how often each clue was seen and the actual numbers of steps the subject took. In the space below the diagram of the feet, write a brief but clear description of how the subject executed the turn; if he or she turned in the proper fashion, simply write "PROPER". If the subject was unable to complete the test, write an explanation of why the test was stopped.



For the One Leg Stand, you will diagram when the subject put the foot down (if at all) and you will indicate how often each of the four validated clues was observed. Always have the subject first perform this test by standing on the left foot. If the subject puts the elevated foot down, indicate above the foot the number they were counting when they put their foot down. In the example to the left, the subject put the right foot down when they had counted to "one thousand and thirteen" and again when the count reached "one thousand and twenty". Put check marks in or near the boxes below the sketch to indicate how often each of the four clues was seen while the subject stood on the left foot. Place the count the subject reached in 30 seconds in the top of the box over the foot they were standing on.

Then, have the subject repeat the test by standing on the right foot, and use the right side sketch to record the results of that test. In the box below, indicate the type of footwear the subject was wearing while performing these tests.

Type of Footwear



For the Finger to Nose test, you will diagram exactly where each finger tip touched the subject's face. Simply draw a line from the point touched on the face to the symbol representing each finger (this makes it easier to draw a straight line). The finger symbols are numbered in the sequence in which you should instruct the subject (i.e., "left, right, left, right, right, left"). If the subject inadvertently uses the incorrect hand at some point, draw in an additional appropriate symbol (circle or triangle), write the trial number in it (1 to 6) and draw a line from it to the spot touched on the face. Then, cross out the symbol for the finger that he or she should have used on that trial.

Pupil size estimations are to be recorded in the boxes provided. Using a pupillometer, record the size of the circle or semi-circle that comes closest to the size of the pupil. If a pupil appears to be slightly smaller than the 3.0 mm circle/semi-circle, DO NOT write 2.8 or 2.9 as the pupil size. Always record to the nearest ½ mm.

PUPIL SIZE	Room Light	Darkness	Direct	NASAL AREA
Left Eye				ORAL CAVITY
Right Eye				
HIPPUS □Yes □No		REBOUND DILATION □Yes □No		Reaction to Light

In the spaces provided, write a brief but clear description of anything noteworthy that you found in your examinations of the subject's nose and mouth. If hippus or rebound dilation is observed, note that in the appropriate space. Remember, hippus refers to a pulsating pupil that rhythmically contracts and expands within fixed limits, for example always dilating to 5.0 mm and always constricting back to 4.0 mm. Rebound dilation is a period of constriction followed by dilation with a change equal to or greater than 2 mm. For example, the pupil might initially expand to 5.0 mm, constrict, and then "balloon out" to 7.0 mm, constrict, then expand back to 7.0 mm, etc. REMEMBER that sloppy procedure with the penlight could induce a response that could be confused with rebound dilation or hippus. If you inadvertently move the penlight closer to the subject's eye and then draw it farther away, you will change the intensity of the light flooding into the eye and you may cause the pupil to constrict or dilate. Make sure that you always hold the light steady while making these examinations.

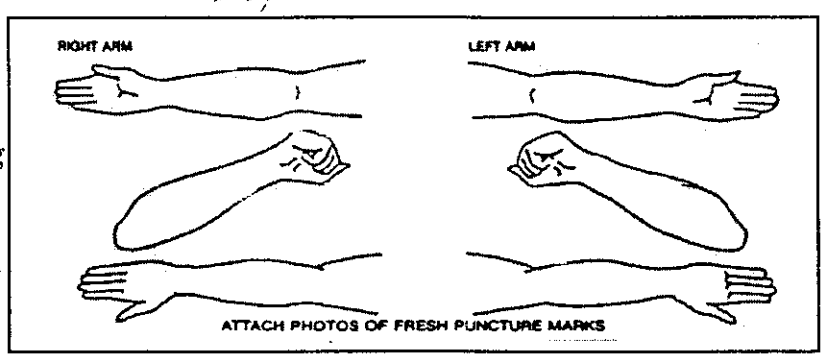
In the space provided, indicate how the subject's pupils reacted when the light was directed into the eye. If the reaction appeared to be normal, write "Normal"; if it appeared to be a slow reaction but some constriction of the pupil was evident, write "Slow"; if the pupil did not appear to constrict at all, write "None". Approximately one (1) second is normal.

Record both the systolic and diastolic blood pressure (in even numbers), and the subject's body temperature, in the spaces provided. Also indicate whether the subject's muscle tone appeared to be rigid, flaccid or normal.

BLOOD PRESSURE _____/_____ TEMP_____°

Muscle Tone: □ Near Normal □ Flaccid □ Rigid
Comments

You will examine the subject's arms and hands for punctures or "track marks", and you will sketch anything noteworthy that you find. Draw lines on the arm and hand pictures to indicate the locations and lengths of scars, and draw x-marks to depict puncture sites. Always describe the condition of puncture sites (e.g., "red dots, oozing fluid"). It is always good practice, and it is standard operating procedure for many departments, to take photographs of a subject's fresh puncture sites. If photos have been taken, indicate on the sketch which areas were photographed. If the examination discloses no punctures, scars or anything else worthy of note, draw a diagonal line across the sketches of arms and hands and write "No Visible Marks" on that section of the form.



On the fourth line from the bottom, record the subject's responses to the final three questions. Remember that most, if not all, courts generally hold that a subject must be advised of constitutional rights before these kinds of questions should be asked.

What Medicine or Drug Have You Been Using? How Much?	Time of use?	Where Were the Drugs Used? (Location)

The last three lines on the form are used to record information about basic time parameters of concern to the evaluation, and to record additional pertinent information about you, the DRE who conducted the evaluation, and your opinion of the evaluation. If another DRE supervised your evaluation, their name should be written in the "Reviewed By" block on the lower right corner of the form. That is especially important during your certification training phase.

Date/Time of Arrest	Time DRE Notified		Eval Start Time	Time Completed
Member Signature (Include Rank)		ID No.	Reviewed By:	
Opinion of Evaluator: ☐ Rule Out ☐ Medical	☐ Alcohol ☐ Depressant	☐ Stimulant ☐ Hallucinogen	☐ Dissoc. Anesthetics ☐ Narcotic Analgesic	☐ Inhalant ☐ Cannabis

The reverse side of the form should be used for the narrative drug evaluation report, and continuation sheets should be attached, as appropriate. Guidelines for organizing the narrative report include the following:

Guidelines for Writing the Narrative Report

The narrative portion of a standard DRE report has thirteen segments, which include:

a. **Location**

State where the drug influence evaluation was conducted.

Example:
The evaluation was conducted in the DRE room, at the Maricopa County Jail, Phoenix, Arizona.

b. **Witnesses**

List the names, agency affiliations and other identifiers of any persons who witnessed all or portions of the evaluation. State the person who served as the evaluator and recorder with complete agency names.

Example:
The entire evaluation was witnessed and recorded by Sergeant Paul White of the Maricopa County Sheriff's Office.

c. **Breath Alcohol Test**

Indicate if the test was taken, and state who administered the test. Give the test results, the time of the test and record the serial number or other identifier of the instrument on which the test was taken.

Example:
The arresting officer, Officer Darren Nielsen of the Phoenix Police Department obtained an 0.00 BrAC reading from the suspect at 9:20 p.m. using the Intoxilyzer 5000, Serial #474501.

d. **Notification and Interview of the Arresting Officer**

Indicate when you were first notified of the request for a drug influence evaluation and summarize the information you were given at that time. State where you were and what you were doing when the request was received. Include a summary of your interview of the arresting officer.

Example:
At approximately 9:20 p.m. the writer was contacted by dispatch and requested to conduct a DRE evaluation for Officer Nielsen. Writer contacted Officer Nielsen at the Maricopa County Jail where it was

determined that Richardson had been observed driving slowly and failed to stop at a red light. Officer Nielsen stated Richardson appeared sleepy and was "on the nod." Officer Nielsen also stated the suspect's voice was low in volume, raspy in tone and slow in tempo. His balance and coordination was poor and he was arrested for DUI after performing poorly on the SFST's.

e. **Initial Observation of the Subject**

Document in detail your personal initial observations of the subject. Describe where and when you first saw the subject. Highlight any noteworthy or unusual actions, appearances, etc. that you observed. Summarize the findings of your Preliminary Examination of the subject.

Example:
Writer first observed the suspect in the M.C.S.O. DRE room. He moved very slowly, was unstable on his feet and when he walked across the room he stumbled and nearly fell. His head nodded forward repeatedly and he appeared to be "on the nod." When he answered questions from Officer Nielsen, his words were slow and slurred. His eyelids were droopy and his pupils appeared to be constricted. His first pulse was checked at 58 BPM.

f. **Medical Problems and Treatment**

Describe your own observations concerning possible injuries or illness that the subject may be suffering. Document subject's statements or claims concerning illness or injury. Document any medical attention or treatment that the subject received while in your care.

Example:
The suspect claimed no illness or injury. No evidence of injury or illness was observed during the evaluation.

g. **Psychophysical Indicators of Impairment**

Give a brief but clear, complete and accurate description of the subject's performance of the Romberg Balance, Walk and Turn, One Leg Stand and Finger to Nose tests.

Example:
Romberg Balance: The suspect exhibited a 2" front to back sway and a 3" side to side sway. The suspect had a slow internal clock estimating 30 seconds in 52 seconds and his head repeatedly dropped forward towards his chest during the test. Walk & Turn: The suspect lost his

balance during the instruction stage, missed heel to toe three times during the first nine steps and three times on the second nine steps. He turned incorrectly with a pivot and nearly fell. One Leg Stand: The suspect ..... etc.

h. **Clinical Indicators of Impairment**

Give a brief but clear, complete and accurate description of your examinations of the subject's eyes, vital signs and any tremors observed.

Example:
No clues of HGN and VGN were observed. Lack of Convergence was observed. The suspect's pupils were constricted in all three lighting conditions, there was no visible reaction to light and his eyelids were droopy. The suspect's pulse rates were below the normal range (58, 56, 58 BPM). His blood pressure was also below the normal range at 114/68.

i. **Signs of Ingestion**

Document the results of your examinations of the subject's oral and nasal cavities, search for injection marks, etc. Describe any odors detected on the subject's breath, hands, clothing, etc. Describe any physical debris of drugs or drug paraphernalia found on the subject's person.

Example:
Three fresh puncture wounds were located on the suspect's left forearm. Numerous scar lines ("track marks") were observed on his left inside forearm. (Photographs attached)

j. **Suspect's Statements**

Document the subject's statements, both in response to your questions and spontaneous utterances. Use verbatim quotes whenever possible. Document your Miranda admonition to the subject and his or her waiver.

Example:
The suspect repeatedly denied using drugs, stating "I told you, I don't do drugs."

k. **The DRE's Opinion**

State the category or combination of categories of drugs that you believe is/are affecting the subject. State your opinion concerning the subject's ability to operate a vehicle safely, if vehicle operation is relevant to this case.

Example:
In my opinion, Richardson is under the influence of a Narcotic Analgesic and is unable to operate a vehicle safely.

l. **The Toxicologic Sample**

State the type of sample (blood, urine, etc.) collected from the subject. Give the name, title, agency affiliation, etc. of the person who drew the sample or observed its collection. State where the sample was taken and to whom it was given. If the results of the toxicologic analysis are known at the time the report is written, state those results. If the subject refused to submit a sample, state that fact in the report.

Example:
A urine sample was obtained from the suspect at 10:35 p.m., witnessed by the writer and Sgt. White. The sample was .....

m. **Miscellaneous**

Include any other information that might be relevant.

Example:
Three syringes with needles were located by Officer Nielsen in Richardson's vehicle.

The remaining pages of this session provide a complete sample DRE drug influence evaluation report, on suspect Richardson.

DRUG INFLUENCE EVALUATION

Evaluator: Det. Jeff Riddle, Phoenix P.D.	DRE No.: 9985	Rolling Log No.: 05-10-024	
Recorder/Witness: Sgt. Paul White, Maricopa Co.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property	Case # 05-10-17654	

Arrestee's Name (Last, First MI)	DOB	Sex	Race	Arresting Officer (Name, ID No.)
Richardson, John M.	9-06-74	M	W	Ofc. Darren Nielsen, Phoenix PD

Date Examined/Time/Location	Breath Results: ☐ Refused	Chemical Test ☐ Refused
10-21-05, 9:30 p.m. Maricopa Co. Jail	Instrument # 474501 0.00 %	☒ Urine ☐ Blood

Miranda Warning Given: ☒ Yes ☐ No	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
By: Ofc. Nielsen	Burger	5 p.m.	Nothing N/A	N/A

Time now?	When did you last sleep?	How long?	Are you sick or injured?	Are you diabetic or epileptic?
"About 7pm"	Last night	4 hours	☐ Yes ☒ No	☐ Yes ☒ No

Do you take insulin?	Do you have any physical defects?	Are you under the care of a doctor or dentist?
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No

Are you taking any medication or drugs?	Attitude:	Coordination:
☐ Yes ☒ No (Long pause before answering)	Cooperative/Withdrawn	Poor, trouble standing
	Breath: Normal	Face: Pale

Speech:	Eyes:	Blindness:	Tracking:
Low, Slow, Raspy	☐ Normal ☐ Reddened Conjunctiva ☒ Bloodshot ☐ Watery	☒ None ☐ Left Eye ☐ Right Eye	☒ Equal ☐ Unequal

Corrective lens:	Pupil size:	Able to follow stimulus:	Eyelids:
☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	☒ Equal ☐ Unequal, (explain)	☒ Yes ☐ No	☐ Normal ☒ Droopy

Pulse and time

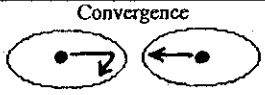
1. 58 / 9:42pm
2. 56 / 9:54pm
3. 58 / 10:07 pm

HGN

	Left Eye	Right Eye
Lack of smooth pursuit	No	No
Maximum deviation	No	No
Angle of onset	None	None

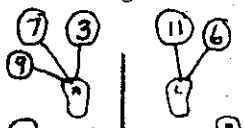
Vertical Nystagmus ☐ Yes ☒ No

Convergence



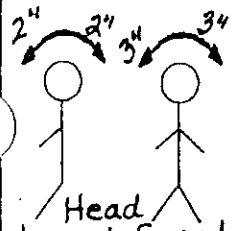
Right eye Left eye

One Leg Stand



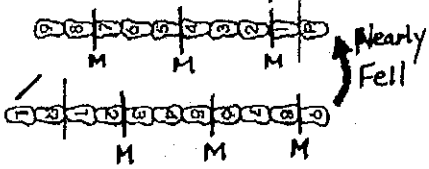
12/30 15/30 (Counted Slow)

Romberg Balance



Walk and Turn test

Raised arms almost continously



	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon:		
Stops walking		
Misses heel to toe	✓✓✓	✓✓✓
Steps off line		
Raises arms	✓✓✓✓✓	✓✓✓✓✓
Actual # steps	9	9

L	R	
✓	✓	Sways while balancing (Continously)
✓	✓	Uses arms to balance
☐	☐	Hopping
✓✓	✓✓	Puts foot down

Type of footwear: Tennis Shoes

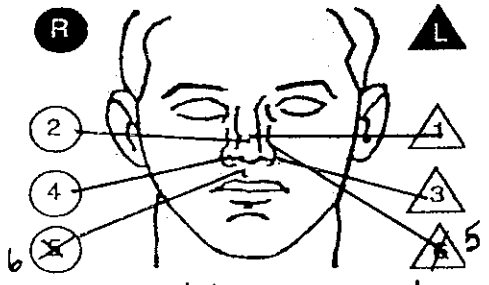
Internal clock – 52 Est. as 30 seconds

Describe Turn: Pivoted - Nearly fell

Cannot do test (explain): N/A

Nasal area: Clear

Draw lines to spots touched (Slow movements)



Switched hands on #5 & #6

Pupil Size	Room Light	Darkness	Direct
Left	2.0	2.0	2.0
Right	2.0	2.0	2.0

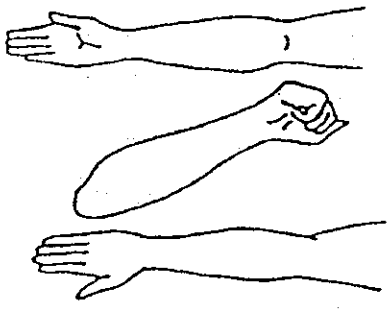
Oral cavity: Dry Lips, Clear

Hippus ☐ Yes ☒ No

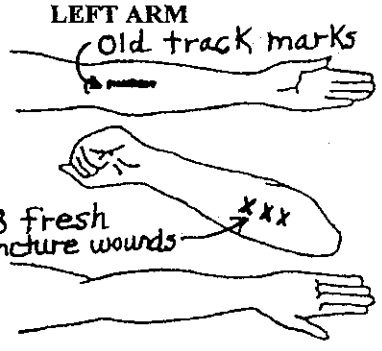
Rebound dilation ☐ Yes ☒ No

Reaction to Light: None visible

RIGHT ARM



LEFT ARM



Blood pressure	Temperature
114/68	97.8 °f

Muscle tone: ☐ Near normal ☒ Flaccid ☐ Rigid

Comments: Arms cool to touch

What medication or drug have you been using?	How much?	Time of use?	Where were the drugs used? (location)
"I don't do drugs"	No answer	No answer	No answer

Date/Time of Arrest	Time DRE Notified	Evaluation Start Time	Time Completed
10-21-05 9:05 pm	9:20 pm	9:30 pm	10:20 pm

DRE signature (Include rank): Det. Riddle ID # 1819 Reviewed by: [signature]

Opinion of evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☒ Narcotic Analgesic	☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

1. LOCATION: The evaluation was conducted in the DRE room at the Maricopa County Jail, Phoenix, Arizona.

2. WITNESSES: The entire evaluation was witnessed and recorded by Sergeant Paul White of the Maricopa County Sheriff's Office.

3. BREATH ALCOHOL TEST: The arresting officer, Officer Darren Nielsen of the Phoenix Police Department obtained an 0.00 BrAC reading from the suspect at 9:20 p.m., using the Intoxilyzer 5000, Serial #474501.

4. THE NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER: At approximately 9:20 p.m., the writer was contacted by dispatch and requested to conduct a DRE evaluation for Officer Nielsen. Writer contacted Officer Nielsen at the Maricopa County Jail where it was determined that Richardson (DOB 09/06/74) had been observed driving slowly and failed to stop at a red light. Officer Nielsen stated Richardson appeared sleepy and was "on the nod." Officer Nielsen also stated the suspect's voice was low in volume, raspy in tone and slow in tempo. His balance and coordination was poor and he was arrested for DUI after performing poorly on the SFST's.

5. INITIAL OBSERVATION OF SUSPECT: Writer first observed the suspect in the M.C.S.O. DRE room. He moved very slowly, was unstable on his feet and when he walked across the room he stumbled and nearly fell. His head nodded forward repeatedly and he appeared to be "on the nod." When he answered questions from Officer Nielsen, his words were slow and slurred. His eyelids were droopy and his pupils appeared to be constricted. His first pulse was checked at 58 BPM.

6. MEDICAL PROBLEMS AND TREATMENT: The suspect claimed no illness or injury. No evidence of injury or illness was observed during the evaluation.

7. PSYCHOPHYSICAL: The suspect exhibited impairment throughout all portions of the psychophysical tests. Romberg Balance: The suspect exhibited a 2" front to back sway and a 3" side to side sway. The suspect had a slow internal clock estimating 30 seconds in 52 seconds and his head repeatedly dropped forward towards his chest during the test. Walk and Turn: The suspect lost his balance during the instruction stage, missed heel to toe three times during the first nine steps and three times on the second nine steps. He turned incorrectly with a pivot and nearly fell. He also raised his arms almost continuously throughout the test. One Leg Stand: The suspect counted very slowly throughout the test making it to 1012 in 30 seconds while standing on his left foot and 1015 in 30 seconds while standing on his right foot. He also put is foot down three times while standing on his left foot and twice while standing on his right foot. Additionally, he swayed while trying to balance and

used his arms for balance throughout both tests. Finger to Nose: The suspect responded to commands very slowly and used the wrong hands on attempts #5 and #6. He did not touch the tip of his nose on any of the six attempts.

8. CLINICAL INDICATORS: EYES: No clues of HGN or VGN were observed. Lack of Convergence was observed. The suspect's pupils were constricted in all three lighting conditions, there was no visible reaction to light and his eyelids were droopy. VITAL SIGNS: The suspect's pulse rates were below the normal range (58,56,58 BPM). His blood pressure was also below the normal range at 114/68.

9. SIGNS OF INGESTION: Three fresh puncture wounds were located on the suspect's left forearm. Numerous scar lines ("track marks") were observed on his left inside forearm. (Photographs attached) Muscle tone was flaccid and the suspect's arms felt cool to the touch.

10. SUBJECT'S STATEMENTS: The suspect repeatedly denied using drugs stating, "I told you, I don't do drugs." He stated he was right-handed and the puncture wounds on his left forearm were thorn scratches from gardening.

11. DRE'S OPINION: In my opinion, Richardson is under the influence of a Narcotic Analgesic and is unable to operate a vehicle safely.

12. TOXICOLOGICAL SAMPLE: A urine sample was obtained from the suspect at 10:35 p.m., witnessed by the writer and Sgt. White. The sample was delivered to the Evidence Property Room pending analysis by the Forensic Laboratory.

13. MISCELLANEOUS: Three syringes with needles were located by Officer Nielsen in Richardson's vehicle.

SESSION XXVII

PRACTICE: TEST ADMINISTRATION

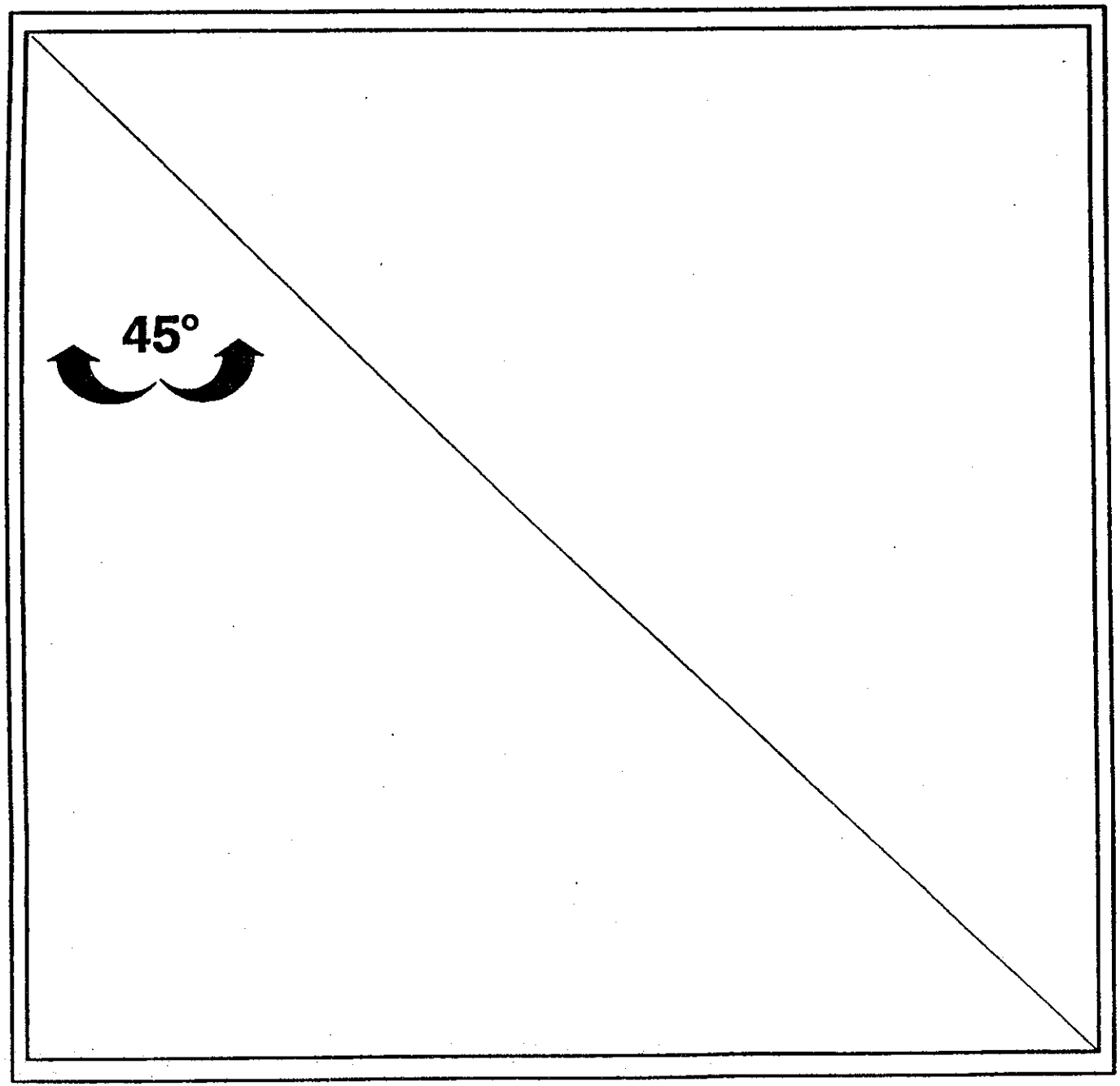
SESSION XXVII PRACTICE: TEST ADMINISTRATION

Upon successfully completing this session the student will be better able to:

- Administer selected portions of the battery of examinations that constitute the drug influence evaluation.
- Describe the evaluation procedures.
- Document the results of the evaluations.

In this session, you will have an opportunity to practice conducting a complete drug influence evaluation. You will work in a team with one or two fellow students. When you conduct the evaluation, your teammate will serve as your test subject. And, you will serve as the subject for a teammate when he or she conducts the evaluation.

This is an opportunity for you to practice the components of the evaluation in a controlled setting. Gaining confidence in your ability to conduct the evaluation now will assist you when you are examining drug impaired subjects who may not be as cooperative as your fellow students. When not serving as a test subject or examiner, pay close attention to the evaluation conducted by your team members.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SESSION XXVIII

CASE PREPARATION AND TESTIMONY

SESSION XXVIII CASE PREPARATION AND TESTIMONY

Upon successfully completing this session the student will be able to:

- Conduct a thorough pre-trial review of all evidence and prepare for testimony.
- Provide clear, accurate and descriptive direct testimony concerning drug influence evaluations.
- Respond effectively and appropriately to cross examination in Drug Evaluation and Classification cases.

A. Guidelines for Case Preparation

Case preparation actually begins with your first contact with the suspect. At that point you begin "collecting" the evidence that you will organize and present at trial.

To begin properly, make sure that you complete each portion of the standard drug influence evaluation report form. Be especially careful to take accurate notes of your observations of the suspect, and to record their statements accurately. Note and document all relevant information you obtain during your interview of the arresting officer.

When you are notified of the trial date, you should conduct a careful review of all records and reports associated with the case. If you made the arrest, or were summoned to the scene, revisit the scene. During discovery, list and properly document all evidence. Compare your notes with the arresting officer, and clarify or resolve any discrepancies, if possible.

If at all possible, try to arrange a pre-trial conference with the prosecutor. Review with the prosecutor all evidence and all basis for your conclusions. If there are weak points in your case, bring them to the prosecutor's attention. Ask the prosecutor to review the questions he or she intends to ask you on the witness stand. Point out when you do not know the answer to a question. Ask the prosecutor to review questions and tactics that they anticipate the defense attorney may use. Make sure your resume is current. Review your credentials and qualifications with the prosecutor. Offers to assist and educate prosecutors are usually appreciated.

If you cannot have a pre-trial conference, try to identify the main points about the case, and be sure to discuss these with the prosecutor during the few minutes you will have just before the trial. It is important for you to advise a prosecutor that has no experience in DRE, that the case can not be treated like a, "typical DUI case".

B. Guidelines for Direct Testimony

1. Testifying about your qualifications as a Drug Recognition Expert.

   Remember that having been qualified as an expert in the past does not automatically guarantee that <u>this</u> court and judge will deem that you are an expert in <u>this</u> case. You may have to testify in some detail as to your relevant training, education and experience. In fact, it often is to the prosecution's advantage to have you provide such detailed testimony:

juries and even judges may be favorably impressed by the depth and scope of your experience and other credentials, and may attach added "weight" to your opinions and conclusions if they have had an opportunity to learn how well qualified you are to render them. For this reason, you should encourage the prosecutor, if possible, not to accept the defense's stipulation as to your expertise. Instead, always try to enter testimony as to your credentials into the record.

When testifying about your qualifications, try to relate your training and experience to the specific categories of drugs involved in the case at hand. Highlight the number of times you have seen a person under the influence of those categories. Explicitly highlight the number of times you have examined subjects and concluded they were not under the influence of drugs: this helps to demonstrate the fairness and impartiality of your evaluations.

Voir Dire is a french expression literally meaning "to see, to say". Loosely, this would be rendered in English as "To seek the truth", or "to call it as you see it". In a law or court context, one application of Voir Dire is to question a witness to assess his or her qualifications to be considered an expert in some matter pending before the court.

2. Testifying about the facts of the case.

Your basic task is to establish that the suspect was under the influence of a drug or combination of drugs. When you testify about the suspect's performance of the Standardized Field Sobriety Tests, do not use the terms "pass" or "fail". Also, do not refer to the suspect's "score" on the test or the number of "points" he or she produced. Instead, describe clearly and explicitly how the suspect performed (e.g., "stepped off the line twice, raised the arms three times, etc."). By presenting your observations clearly and convincingly, you will allow the fact of the suspect's impairment to speak for itself. In the same way, describe exactly what you observed and measured during the eye examinations and vital signs examinations, and relate these observations and measurements to your training and experience. In this way you will establish a solid foundation for introducing your opinions and conclusions.

Always keep in mind that juries typically focus on an officer's demeanor as much or more than on the content of their testimony. Strive to maintain your professionalism and impartiality. Be clear in your testimony: explain technical terms in layman's language; don't use jargon, abbreviations, acronyms, etc. Be polite and courteous. Do not become agitated as a result of questions by the defense. Above all, if you don't know the answer to a question, say so. Don't guess at answers, or compromise your honesty in any way.

Introduction of Evidence Involving "New" Scientific Principles

As a DRE, you will be asked to offer opinions and conclusions based on scientific principles that are quite unfamiliar to the jury or even to the judge. These principles aren't really "new", but they are newly discovered, and they aren't yet within the common realm of knowledge of average people. Your task is to help see to it that the evidence you have obtained through your special knowledge and your hard work will be acceptable to the court.

American courts employ either the Frye or the Daubert standards for determining the admissibility of scientific evidence. Evidence derived from a "new" scientific principle is subjected to the Frye standard of admissibility. This standard derives from the landmark case Frye vs. United States, 293F. 1013 (D.C. Cir. 1923). Frye requires that the scientific principle or theory used to support some offered "evidence" be in conformity with a generally accepted explanatory theory, if the "evidence" is to be admissible. Under Frye, it is not enough that a qualified expert, or even several experts, testify that a particular scientific technique is valid. The technique must be generally accepted by the relevant scientific community.

Courts in many states have ruled that the Drug Evaluation and Classification protocol is not subject to the Frye standard, as the techniques and principles of the protocol are not new or novel. In this situation, the DRE's challenge is to establish a foundation for admissibility of the evidence gained during the evaluation of the defendant. The DRE officer's training and experience is critical to establishing this foundation for admissibility. The DRE's demeanor and credibility will heavily impact the "weight" the judge or jury gives to this evidence.

The Daubert standard derives from Daubert v. Merrell Dow Pharmaceuticals, Inc., 509 U.S. 579 (1993). Some courts refer to the standard as the Daubert/ Kumho standard because the Supreme Court readdressed and reaffirmed the standard in Kumho Tire Co. v. Carmichael, 526 U.S. 137 (1999). Pursuant to Daubert, courts serve as a "gatekeeper" for all scientific evidence, regardless of newness or novelty. Scientific evidence is admissible if the court determines that the underlying "reasoning or methodology" is "scientifically valid." Courts assess the evidence by considering four factors: (1) whether the opinions offered are testable; (2) whether the methods or principles used to reach the opinions have been subject to peer review evaluation; (3) whether a known error rate can be identified with respect to the methods or principles underlying the opinion; and (4) whether the opinion rests on methodology that is generally accepted within the relevant scientific or technical community (ies).

C. Typical Defense Tactics

In a DRE case, you will be the key witness for the prosecution. Therefore, the defense will try very hard to cast doubt on your testimony.

The defense may ask some questions to challenge your observations and interpretations. For example, you may be asked whether the signs, symptoms, and behaviors you observed in the suspect couldn't have been caused by an injury or illness, or by alcohol, or by something else other than the drugs you concluded were present. You may also be asked questions whose purpose is to make it appear that you weren't really certain that you actually saw what you say you saw. Answer these questions honestly, but carefully. If your observations are not consistent with what an illness or injury or alcohol would produce, explain why not. Make it clear that your conclusions about drug influence are not simply one plausible interpretation of the observed facts, but the only logical interpretation.

The defense may also ask some questions to challenge your credentials. These questions may try to disparage or deprecate the formal training you have had as a DRE. There may also be an attempt to ask questions to "trip you up" on technical or scientific issues, to make it appear that you are less knowledgeable than you should be or claim to be. Stick to absolute honesty. Answer all questions about your training fully and accurately, but don't embellish. Don't try to make the training appear to have been more elaborate or extensive than it really was.

Answer scientific and technical questions if you know the answer. Otherwise, admit that you don't know. Don't try to fake or guess the answers.

The defense may ask questions to challenge your credibility. You may be asked several very similar questions, in the hope that your answers will be inconsistent. You may be asked questions whose purpose is to show that you had already formed your opinion well before you completed the evaluation of the suspect. And, you may be asked questions that try to suggest that you eliminated portions of the evaluation, or only gave very cursory attention to some portions. Guard against these kinds of defense challenges by always performing a complete, painstaking evaluation, exactly as you have been taught. Standardization will help ensure both consistency and credibility.

ATTACHMENT A

DRE DEFENSE CROSS EXAMINATION QUESTIONS

The following are representative of questions the defense may use to challenge the DRE's testimony in court. (The defendant is identified as Miss Alicia Ann Ace.)

Missing Symptoms/Normals

This line of questions attempts to elicit the fact that the defendant did not have all of the expected signs or symptoms of the drug (s) in question.

Officer, you were taught that bruxism or grinding of the teeth is a sign of CNS Stimulant influence, isn't it? Miss Ace didn't have that sign, did she?

The defense may also focus on those signs or symptoms that were normal, and were therefore, not consistent with the drug in question.

Officer, you learned the normal range of temperature in DRE training, didn't you? And that range is 98.6 plus or minus one degree, isn't it? What was Miss Ace's temperature? (98) 98 is within normal ranges, isn't it? Miss Ace's temperature was normal, wasn't it? CNS Stimulants cause elevated temperature, don't they? Miss Ace's was not elevated, was it?

Alternative Explanations

The defense elicits alternative explanations for the signs and symptoms of the drug (s) in question. These alternative explanations usually deal with medical conditions, stress, a traffic crash, etc.

Officer, an elevated pulse rate can be caused by things other than drugs, can't it? Excitement may cause it? Stress may cause it? Being involved in a traffic crash is stressful, isn't it? And being involved in a traffic crash may cause elevated pulse, right? Being interviewed in the early morning by three police officers is stressful? And that may also cause the pulse to be elevated, can't it?

Defendant's Normals

The defense attempts to emphasize the fact that not everyone is so-called normal, that normal is subjective.

Officer, you were taught the normal range for pulse in DRE training, weren't you? And you agree that not all people fall in that normal range, don't you? That there are people with pulse rates above normal that aren't on drugs, right? A person's pulse changes over time, doesn't it? You don't know what Miss Ace's normal pulse is, do you? It could be in the normal range, right? But it could be above or below the normal range - normally for her, isn't that so?

Doctor Cop

The line of questioning challenges the credibility of the officer's teachers - that they are police officers, rather than medical professionals.

Officer, the teachers in this DRE school weren't doctors, were they? They weren't nurses either? Toxicologists? Pharmacologists? Paramedics? They were police officers, right?

Just a Cop

This line of questioning challenges the DRE's credentials - that they are "just a cop." This infers that the DRE evaluation is actually a medical evaluation that should be undertaken only by a medical professional.

Officer, you're not a doctor, are you? A toxicologist? A pharmacologist? A nurse? A physiologist? You don't have a degree in chemistry, do you? You're a police officer, right?

The Unknown

By causing the officer to state that they don't know how a sign or symptom is caused, the defense attacks the officer's credibility. This line of questioning challenges the officer's expertise, by implying that a real expert would know these things.

Officer, you don't know how CNS Stimulants dilate the pupil, do you? You don't know how alcohol supposedly causes Nystagmus, do you? You don't know how CNS Stimulants supposedly elevate the heart rate, do you?

Guessing Game

This tactic attacks the DRE's opinion as a subjective guess, a belief, rather than objective. Guesses can be wrong.

Officer, your opinion in a DRE case is subjective, isn't it? It's a belief on your part? You've made these beliefs in DRE cases in the past, haven't you? A sometimes toxicology didn't find the drug you predicted, isn't that so? And, in fact, sometimes, toxicology didn't find any drug, isn't that so? And so, sometimes your opinion is not correct, right? Sometimes, you guess wrong?

Document provided by Sgt. Tom Page (Retired), LAPD and DDA Linda Condron, Santa Clara County, CA.

REVIEW OF THE DRE SCHOOL

Test Your Knowledge

The Final Written Examination for this School will take place during Session XXX. This is an opportunity for you to test your knowledge prior to the exam, to verify that you are ready for it. The test that appears on the following pages is similar to the final exam in terms of its content and structure, although it does not (of course) contain the same questions. Take this sample test, and compare your answers with the answer key that appears on the page following the test.

SESSION XXIX

CLASSIFYING A SUSPECT (ROLE PLAY)

SESSION XXIX CLASSIFYING A SUSPECT (ROLE PLAY)

Upon successfully completing this session the student will be able to:

- Conduct a complete drug influence evaluation using the systematic and standardized 12-step process.

- Compile a complete, clear and accurate report documenting the results of a drug influence evaluation using the 13-step component narrative report format.

In this session, you will have opportunities to participate in conducting a complete DRE drug influence evaluation of "arrested suspects". Of course, these "suspects" will not actually be under the influence of any drug. However, at various points during the evaluation they will instruct you to record certain measurements and observations. In this way they will supply you with information simulating a possible drug impaired subject.

When you complete the evaluation, you will carefully review all of the data you have recorded and decide whether the "suspect" is simulating a person who is:

(1) under the influence of a drug or drugs; and,

(2) if so, what category or combination of categories of drugs is causing the simulated "impairment".

A word of caution: it is possible that one or more of these "suspects" will be role playing unimpaired subjects. That is, in some cases, the correct conclusion may be that the "suspect" is not under the influence of any drug. In addition, it highly likely that one or more "suspect" will be simulating a person who is under the influence of a combination of drug categories.

At some point during this practice session an instructor will approach you and notify you that you will have to prepare a complete narrative report on your evaluation of one of the "suspects". The particular "suspect" who will be the subject of your report could be any of the ones you examine. Therefore, it is very important that you take good, comprehensive and detailed notes on each evaluation.

You will work in this session as a member of a team with two or three fellow students. You and your teammates should "put your heads together" in reaching your conclusions concerning each "suspect"; that is, discuss the "evidence" you have recorded and reach a joint conclusion. You should divide the report writing work among yourselves in some equitable fashion. And, you should each take at least one turn at conducting the complete evaluation.

This is a very important session in this course. It is here that your instructors will begin to determine whether you have the skills needed to progress to Certification Training, or whether you need more practice before you are ready to move on.

DRUG EVALUATION AND CLASSIFICATION PROGRAM

LOG OF DRUG INFLUENCE EVALUATIONS

Drug Recognition Expert _____ page: _____

IACP Certificate Number _____

CONTROL NUMBER	SUSPECT'S NAME	BOOKING NUMBER	DATE	OPINION OF DRE	TOXICOLOGIC RESULTS	WITNESSES/ COMMENTS

SESSION XXX

TRANSITION TO CERTIFICATION TRAINING

SESSION XXX TRANSITION TO CERTIFICATION TRAINING

During this session the student will:

- Demonstrate their mastery of the knowledge and skills the course was intended to help develop.
- Summarize the key topics covered.
- Offer comments and suggestions for improving the course.
- Receive assignments for field Certification Training.
- Understand the steps involved in the DRE certification process.

This session completes the second phase, of your training as a Candidate DRE. Among other things, three important events will take place during this session.

(1) You will take a written, multiple choice test, designed to measure your knowledge of drugs, drug influence evaluation procedures, and related facts. This knowledge test is one indicator of whether you are ready for Certification Training. You must pass this examination with a score of 80% or better.

(2) You will take a proficiency examination, in which you will demonstrate your skills in conducting the drug influence evaluation. This skill test is the other indicator of your readiness for the next phase.

(3) You will complete a written -- but anonymous -- critique form, which gives you a chance to express your opinions about this course and the instructors. This information is very important. It will help improve the quality of the training, and to maintain the quality at the highest possible level.

A. Preparing For The Final Knowledge Examination

The following are not the questions that will appear on the Final Knowledge Examination. But some of them are quite similar to the examination questions, and all of them address subject matter that will be covered on the test.

If you can answer these questions correctly, you will have no problem in scoring very well on the knowledge examination.

Answers appear on the pages following the questions.

REVIEW QUESTIONS

1. What is the definition of "drug" that is used in this course? (Hint: it is a simple, enforcement oriented rather than medically oriented definition.)

2. Would model airplane glue be considered a "drug" under this definition? Would Alcohol? Would Nicotine?

3. What are the seven categories of drugs (name them all)?

4. To what category of drugs does Cocaine belong? How about Methamphetamine? How about Demerol? How about Psilocybin?

5. What do we mean when we refer to polydrug use?

6. What does it mean to say that two drugs are antagonistic?

7. What is the name of the pulse point that is located in the crease of the wrist?

8. What are the names of the two pressures that are recorded during a blood pressure measurement? Which is the higher pressure?

9. What category or categories of drugs generally will cause Horizontal Gaze Nystagmus? What categories will not?

10. To what category of drugs does Codeine belong? How about Secobarbital? How about STP?

11. What category or categories of drugs generally will cause the pupils of the eyes to constrict? What categories generally will cause dilation? What categories generally will not affect pupil size?

12. What are the eight clues that are considered in assessing the subject's performance on the Walk and Turn test? What are the four clues considered in the One Leg Stand test?

13. What category or categories of drugs generally will cause a Lack of Convergence of the eyes? What categories generally will not?

14. What is the formula that expresses the approximate relationship between blood alcohol concentration and Nystagmus onset angle?

15. How many times should you measure the suspect's pulse during the drug influence evaluation?

16. What category or categories of drugs generally will cause the body temperature to go down? What categories generally will cause the temperature to go up? What categories generally will not affect body temperature?

17. What are the two subcategories of Narcotic Analgesics?

18. What does the term "Synesthesia" mean?

19. What is Toluene?

20. What category or categories of drugs generally will cause the blood pressure to go up? What categories generally will cause the blood pressure to go down?

21. To what category of drugs does Chloral Hydrate belong? How about Phencyclidine?

22. About how far in front of the subject's face should the stimulus be held to test for Horizontal Gaze Nystagmus or Vertical Gaze Nystagmus?

23. Suppose a subject is under the influence of a combination of Amphetamines and Heroin. Will that subject exhibit Horizontal Gaze Nystagmus? Will the subject's pulse be up, down or normal?

24. What is a Sphygmomanometer? What are its major components, or parts?

25. What category or categories of drugs generally will cause muscle rigidity? What categories generally will not?

B. Preparing For The Proficiency Examination

On the three pages that immediately follow, you will find a copy of the Proficiency Examination Checklist that your instructors will use to assess your skills in conducting the drug influence evaluation. Review the checklist carefully. It will give you a good idea of what factors will be considered in your examination, i.e. the errors of omission or commission that you need to avoid.

Practice conducting the procedures before submitting yourself to this proficiency examination. Make sure you can administer the procedures flawlessly. It would be a good idea to conduct some after class hours practice with fellow students, so that you can coach each other and help each other progress to Certification Training.

PROFICIENCY EXAMINATION CHECKLIST

(For Use During Certification Training)

Student's Name _____

Date _____ Examiner _____

I. Preliminary Examination

1. Did the student ask all preliminary examination questions?

_____yes _____no

(If No: What questions were deleted? _____

_____

2. Did the student properly estimate pupil size?

_____yes _____no

3. Did the student properly assess the eyes' tracking ability?

_____yes _____no

4. Did the student properly measure pulse rate?

_____yes _____no

II. Eye Examinations

1. Did the student properly administer the Horizontal Gaze Nystagmus test?

_____yes _____no

(If no, explain deficiencies _____

_____

2. Did the student properly administer the Vertical Gaze Nystagmus test?

_____yes _____no

(If no, explain deficiencies _____

_____

3. Did the student properly administer the test for Lack of Convergence?

_____yes _____no

(If no, explain deficiencies _____

_____

III. Psychophysical Tests

1. Did the student properly administer the Romberg Balance test?

_____yes _____no

(If no, explain deficiencies _____

_____

2. Did the student properly administer the Walk and Turn test?

_____yes _____no

(If no, explain deficiencies _____

_____

3. Did the student properly administer the One Leg Stand test?

_____yes _____no

(If no, explain deficiencies _____

_____

4. Did the student properly administer the Finger To Nose test?

_____yes _____no

(If no, explain deficiencies _____

_____

V. Vital Signs Examinations

1. Did the student properly measure blood pressure?

_____yes _____no

(If no, explain deficiencies _____

_____

2. Did the student properly measure temperature?

_____yes _____no

(If no, explain deficiencies _____

_____

3. Did the student properly measure pulse?

_____yes _____no

(If no, explain deficiencies _____

_____

IV. Dark Room Examinations

1. Did the student properly control the pen light for the two checks of pupil size?

_____ yes _____no

(If no, explain deficiencies _____

_____

2. Did the student accurately estimate pupil size?

_____yes _____no

3. Did the student properly check the nasal area?

_____yes _____no

4. Did the student properly check the oral cavity?

_____yes _____no

VI. Examinations of Muscle Tone

1. Did the student adequately inspect for muscle tone?

_____yes _____no

(If no, explain deficiencies _____

_____

V. Examinations of Injection Sites and Third Pulse

1. Did the student adequately inspect for injection sites?

_____yes _____no

(If no, explain deficiencies _____

_____

2. Did the student properly measure pulse?

_____yes _____no

(If no, explain deficiencies _____

_____

VII. Evaluator's Opinion of Student's Proficiency

(Offer appropriate, specific comments concerning the student's progress)

_____

_____

_____

_____

_____

C. The Anonymous Written Critique

The Student's Critique Form appears on the following pages. You will have time, during the final session of the course, to complete this form and offer any comments that you think are appropriate. It will be especially helpful to hear your suggestions for improving this training.

Please look over the critique form prior to the final session, to start organizing your thoughts and feelings about the instruction you have received.

D. Maintaining The Log of Drug Influence Evaluations

Beginning with your first night of Certification Training, and **continuing throughout your career as a DRE**, you will maintain a log of all persons you examine for possible drug impairment. The log is your personal record of your work as a DRE, and it will have a major impact on three things that should be of major importance to you:

(1) Whether or not your instructors can recommend you for your initial certification as a DRE.

(2) Whether or not you qualify for re-certification, when your initial certification expires.

(3) Whether or not the trial judge in a particular drug impairment case qualifies you as an expert, and allows you to render your opinion as evidence.

Under the International Standards for the Drug Evaluation and Classification Program established by IACP, your instructors cannot endorse you for certification unless your log of drug influence evaluations is up-to-date, complete and accurate. The next-to-last line on the Certification Progress Log that you received at the beginning of the DRE Pre-School, and that you handed back in at the start of this School, is titled "Rolling" Log Approved. ("Rolling Log" is the informal name of the log used to document your drug influence examinations.) If a valid instructor's signature does not appear on that line, IACP cannot grant you a certificate. Once you do receive a certificate, it usually will be valid for two years. At that time, to qualify for re-certification, you must submit a copy of the entries in your "Rolling Log" since you were certified, as proof that you have maintained your proficiency. And, each time you go to court as a DRE, you must bring your "Rolling Log" along, to help establish your credentials as an expert. Remember that your state may have more stringent requirements.

What is the "Rolling Log"? Five copies of it appear on the final pages of this manual. Remove one of those copies now, so that you can refer to it as you read the instructions for entering information on it.

At the top of the Log, there is a space in which you will print your name ("Drug Recognition Expert"); another space for the page number (obviously, the first page will be #1, the second #2, and so on; as you continue your career as a DRE, the page number will grow very large); and, a third space in which to print your DRE certification number assigned to you by IACP. Until you have completed your certification training, you will print the word "STUDENT" in that space.

Each subsequent line of the log corresponds to a drug influence evaluation in which you participated. In the "Control Number" box, you will print the number that you assign to the evaluation; i.e. if this is the seventh examination in which you participated in 2005, the control number would be 2005-7. If you were the actual examining DRE for this particular case, you need not print anything other than the control number in that box. But if you served only as the recorder, you must print "RECORDER" in the box, immediately below the control number. Likewise, if you were participating only as a witness, you will print "WITNESS" in the box.

In the box to the right of the control number, you will print the subject's full name (last, first, middle initial); further to the right, enter the arrest booking number if applicable. The booking number is whatever control number the responsible law enforcement agency assigned to track the case. In some instances, there may be no booking number. For example, you may have an opportunity to examine a person who is receiving drugs in a clinical setting, and no arrest is involved. Or, the person you are examining might be someone already incarcerated in the jail who agrees to submit to the evaluation with the understanding that its outcome will not affect their particular case; in that instance, the booking number would not be relevant. In any case where there is no relevant booking number, simply print "N/A" in the box.

In the next box, print the date on which the evaluation began; in other words, an evaluation that starts one minute before midnight on March 17th is recorded on that date, not on the 18th, despite the fact that almost all of the work took place on the later day.

The next box, of course, is very important. Record your opinion in complete detail. If you conclude that the subject is not impaired, that is what you will record. If you conclude that the person is under the influence of alcohol only, that is what you must record. If you believe the subject is suffering from an injury or illness, print "Medical Rule Out" in the box. Otherwise, print the category or combination of categories of drugs that you believe is causing the impairment. If the subject has a positive BAC, don't forget to include "alcohol or ETOH" as one of those.

In the "Toxicologic Results" box, you will print the outcome of all chemical tests performed on the subject. Obviously, days or weeks will usually pass by before you have the results of blood or urine tests, so you will routinely have to "update" your log. Don't forget to include the BAC obtained from the breath test in this space. And, if the suspect refused to submit to the blood or urine test, indicate that.

In the final box, print the names of persons who witnessed the evaluation, and include any other appropriate comments. Use the reverse side of the page, or add continuation sheets, if longer comments are appropriate.

Experienced DREs usually maintain two copies of their "Rolling Log" to ensure preservation of this most important record.

E. Certification Requirements

At a minimum you will need to conduct 12 DRE evaluations with an instructor. You need to be the evaluator on at least 6 of these evaluations, and at least 75% of your opinions must be collaborated by toxicological results.

If no instructor is available you may still be able to complete an evaluation. Check with your DRE State Coordinator or DRE Agency Coordinator to determine what polices pertain to this situation. The ultimate goal of this program is to remove the drugged driver from the roadway.

Remember, you must have a DRE Instructor present when you conduct an evaluation to receive credit for certification.

Course Location _____ Date

DRE SCHOOL
STUDENT'S CRITIQUE FORM

1.Rating The Various Segments Of The School

On a scale from 1 (="low") to 5 (="high"), please indicate how import each major topic or activity of this school was for you personally.

Drugs In Society and In Vehicle Operation

Development and Effectiveness of the DEC Program _____

Overview of the Drug Recognition Expert Procedures _____

Physician's Desk Reference _____

Eye Examinations: Explanation and Demonstrations by Instructors _____

Eye Examinations: Hands-on Practice by Students _____

Vital Signs: Explanations and Demonstrations by Instructors _____

Vital Signs: Hands-on Practice by Students _____

Physiology and Drugs _____

The Alcohol Workshop _____

The **"Practice: Test Interpretation"** Sessions _____

The Sessions on the Individual Drug Categories _____

Overview of Signs and Symptoms _____

Drug Combinations _____

Curriculum Vitae Preparation and Maintenance _____

Preparing the Narrative Report _____

Case Preparation and Testimony _____

The Mid-Course Review Session _____

The Role Play Session (Instructors "simulating" drug impaired subjects)_____

The Quizzes _____

2. Suggestions For Improving The School

If you absolutely had to cut four hours out of this school, what topics or sessions would you reduce or eliminate?

_____

_____

If you could add four hours to the School, how would you recommend that the additional time be spent?

_____

_____

3. Specific Features Of The School

Please circle the appropriate word to indicate your agreement or disagreement with each of the following statements.

1. The DRE School is at least one day too long.

   Agree Disagree Not Sure

2. We spent too much time in hands-on practice.

   Agree Disagree Not Sure

3. Now that I've had the DRE School, I believe that the PRE-School really wasn't needed.

   Agree Disagree Not Sure

4. Some of the instructors didn't seem to be as well prepared as they should have been.

   Agree Disagree Not Sure

5. I do not feel confident about my ability to estimate nystagmus onset angle accurately.

   Agree Disagree Not Sure

6. This School was much harder than I thought it would be.

   Agree Disagree Not Sure

7. We should have spent more time in hands-on practice.

Agree Disagree Not Sure

8. The instructors seemed to know their material, but some of them didn't get it across very well.

Agree Disagree Not Sure

9. We spent too much time on the details of each drug category.

Agree Disagree Not Sure

10. I am <u>not</u> confident that I can measure blood pressure accurately.

Agree Disagree Not Sure

11. I would have to say that the final examination was hard, but fair.

Agree Disagree Not Sure

12. Some of the instructors "threw the bull" a bit too much.

Agree Disagree Not Sure

13. Now that I've had the DRE School, I am more convinced than ever that the <u>PRE</u>-School is very important.

Agree Disagree Not Sure

14. I am still very confused about drug combinations and their effects.

Agree Disagree Not Sure

15. I am not confident that I can estimate pupil size accurately.

Agree Disagree Not Sure

16. I would have to say that this School wasn't quite as hard as I thought it would be.

Agree Disagree Not Sure

17. There were too many quizzes in this School.

Agree Disagree Not Sure

18. The final examination was much harder than it should have been.

Agree Disagree Not Sure

19. We did <u>not</u> receive enough information about the effects, signs and symptoms of the various drug categories.

Agree Disagree Not Sure

20. I am confident that I will succeed in the Certification Stage of my training.

Agree Disagree Not Sure

21. The DRE School is at least one day too short.

Agree Disagree Not Sure

4. Rating of Instructors

On a scale from 1 (="poor") to 5 (="excellent"), please indicate your overall assessment of each instructor.

_____ _____
InstructorRating

_____ _____
InstructorRating

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InstructorRating	

5. Overall Rating Of The School

On a scale from 1 (="poor") to 5 (="excellent"), please indicate your overall assessment of the quality of this School:

1 2 3 4 5

Please offer any final comments or suggestions that you feel are appropriate.